Michigan Department of Health & Human Services

Provider Enrollment

New Facility/Agency/Organization (FAO)

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

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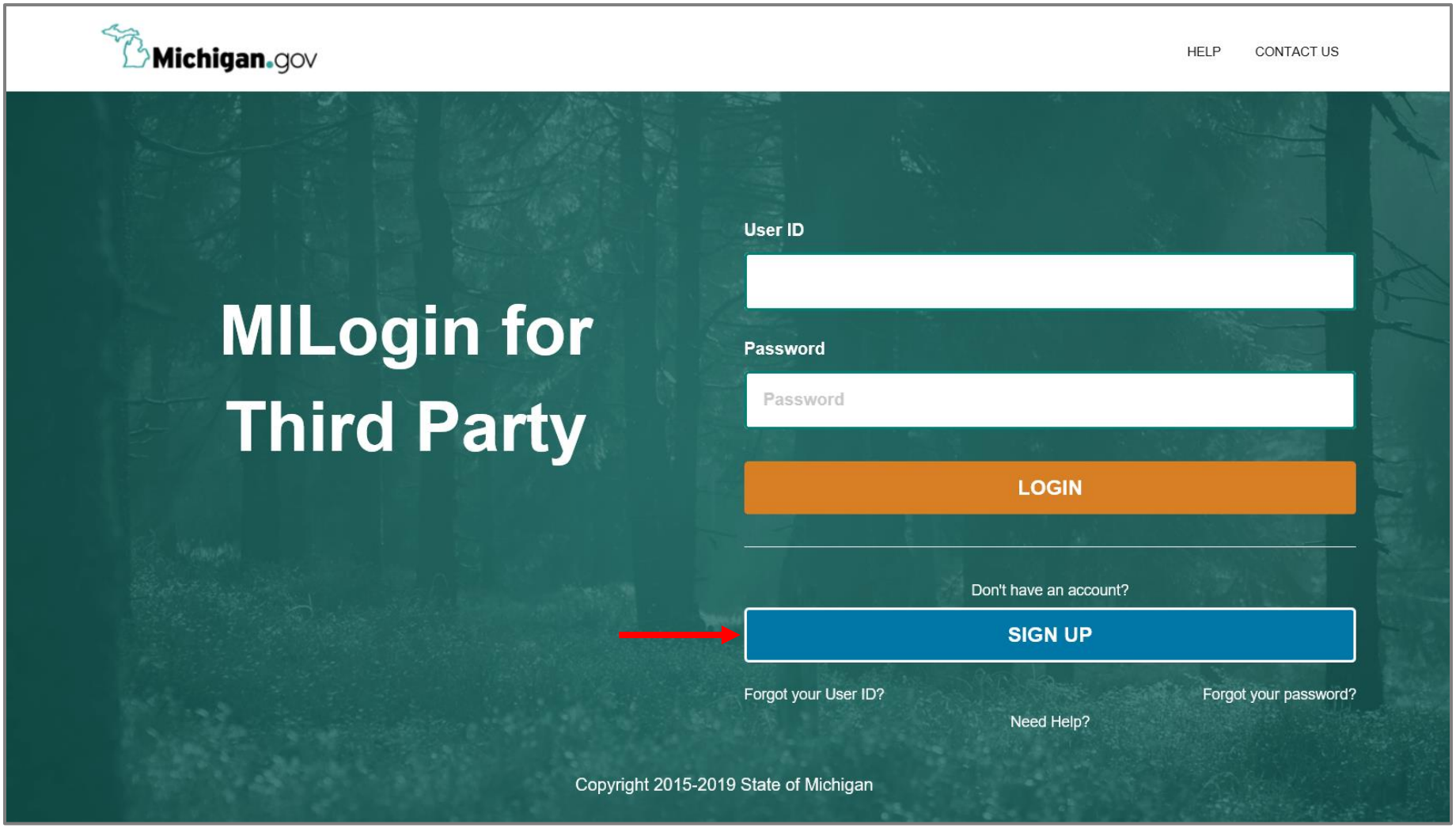
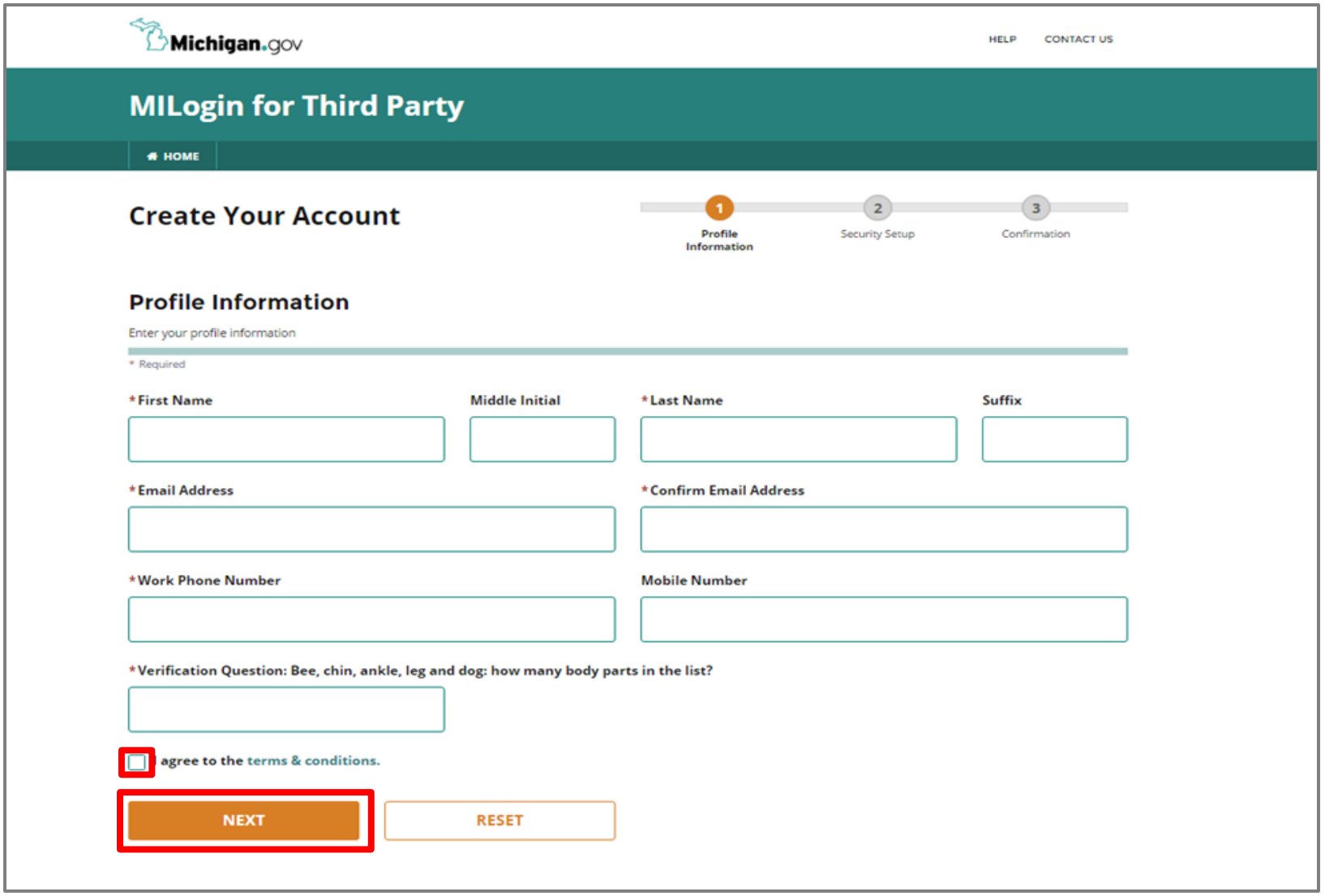
Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.



- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Click Sign Up



- Complete all required fields
- Check the ‘I agree’ box
- Click Next

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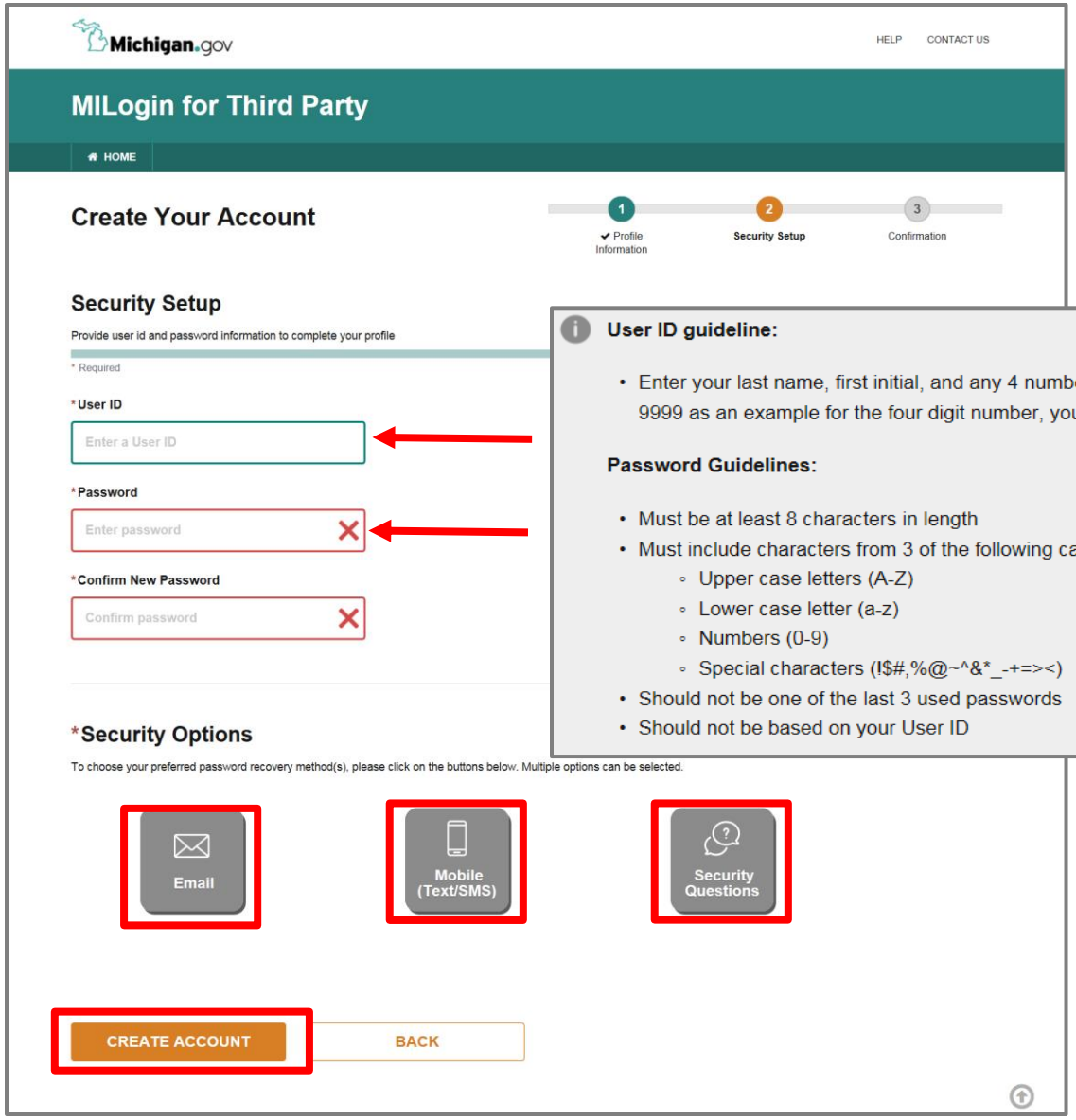
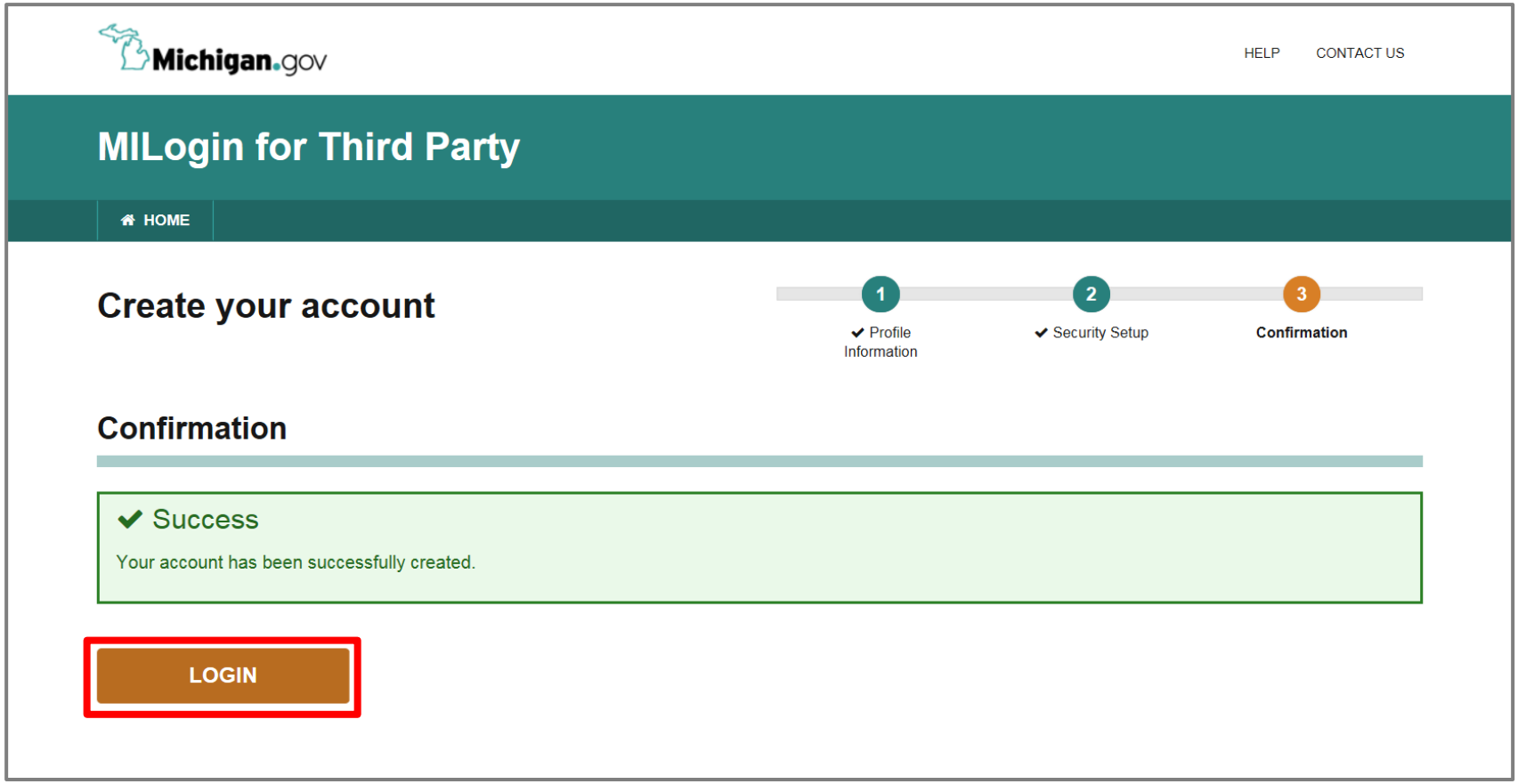


- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click Create Account



- Your MILogin account has now been created successfully
- Click the Login button to return to the login screen

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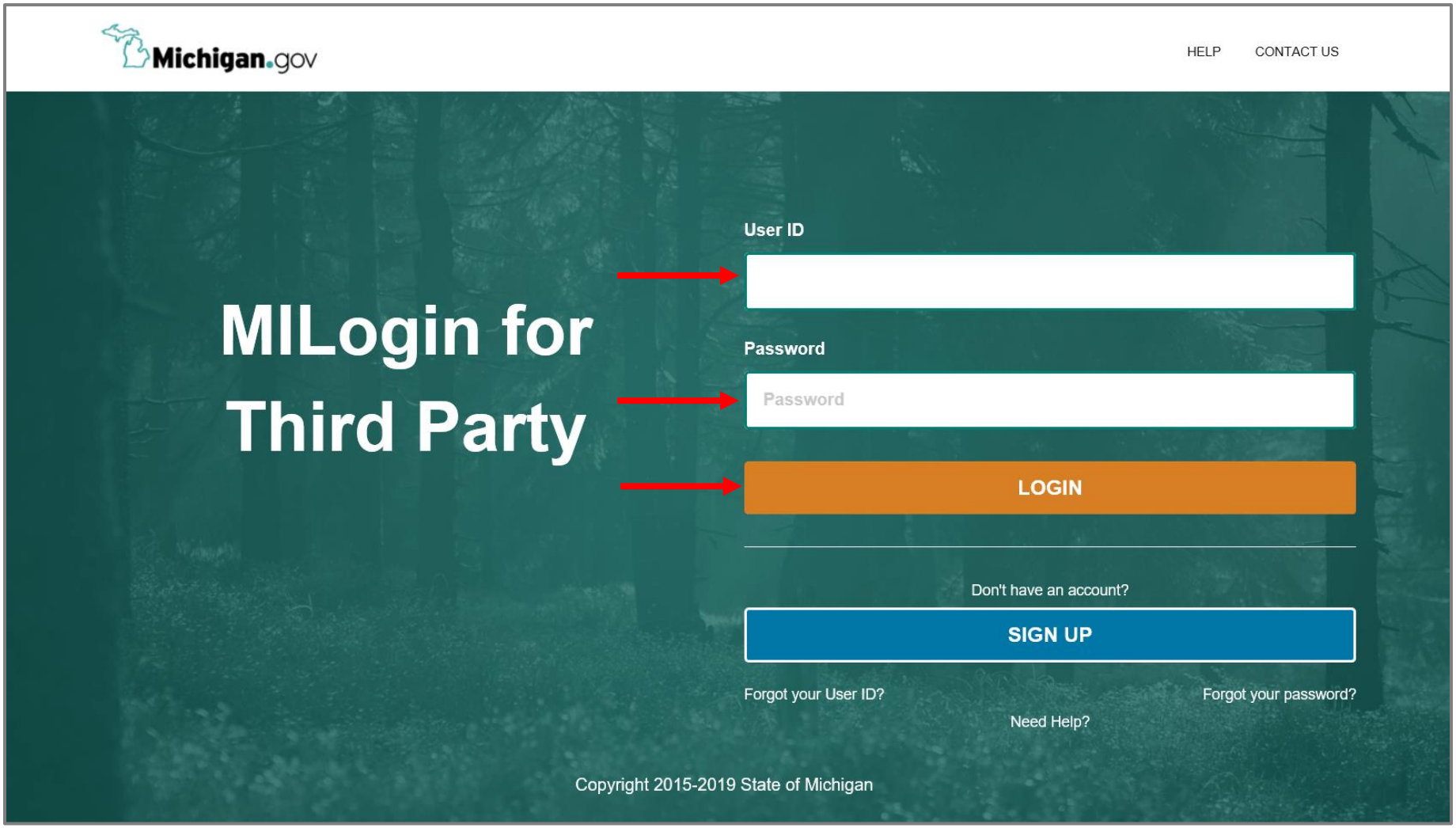
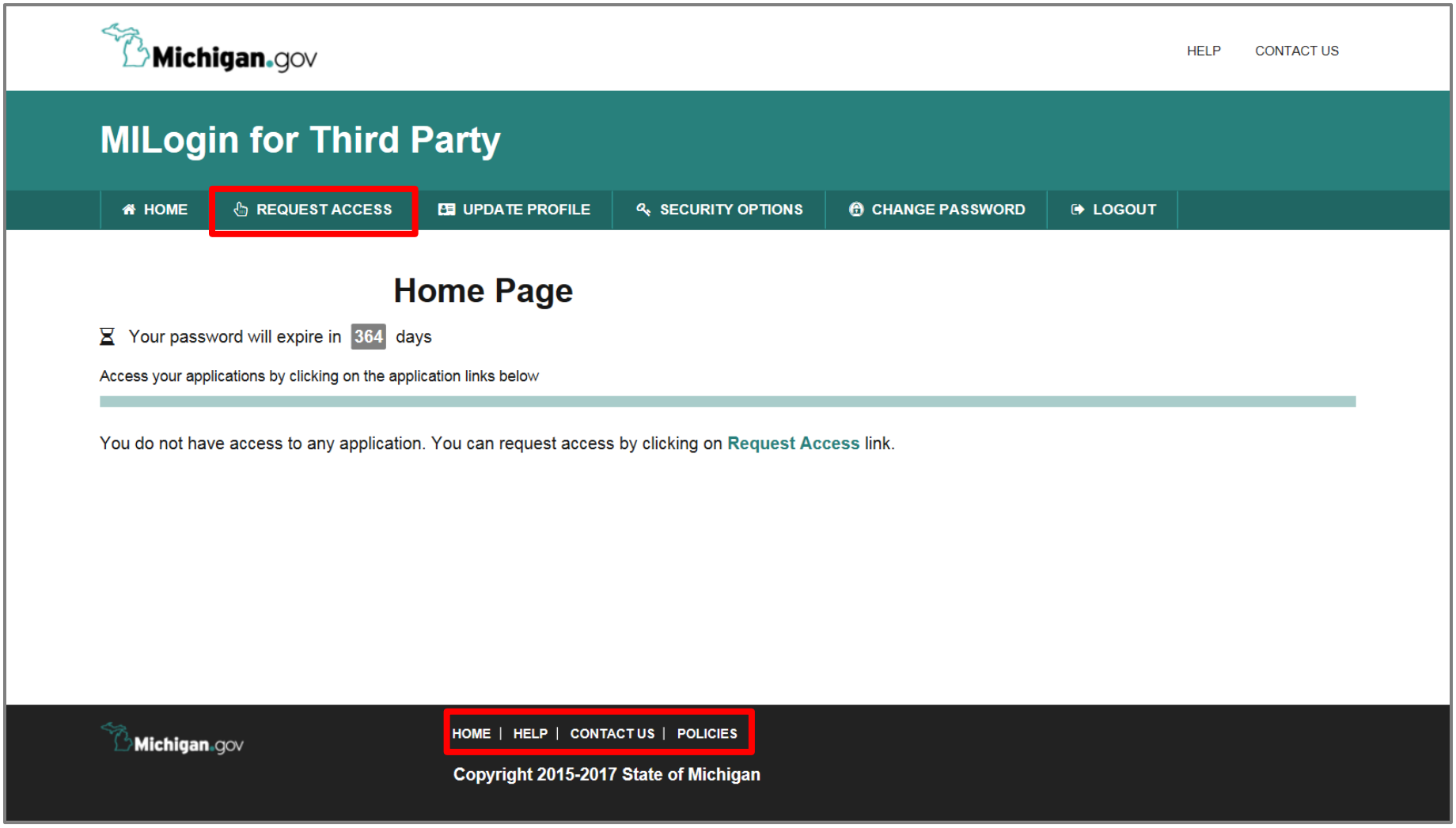


- Enter your User ID and Password you just created
- Click Login



- Your Home Page will not show any applications
- Click Request Access

**MILogin resource links are listed at the bottom of the page*

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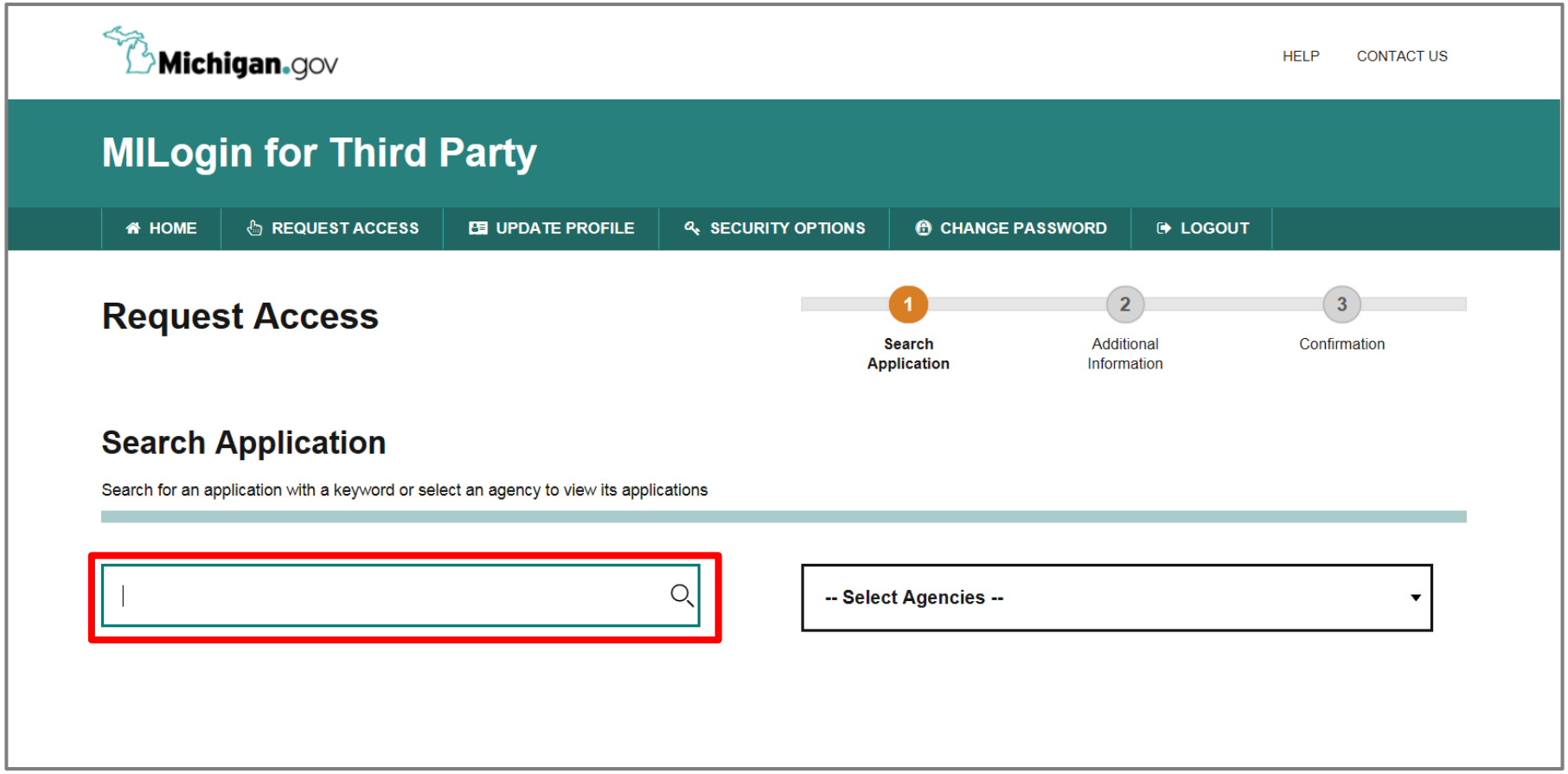
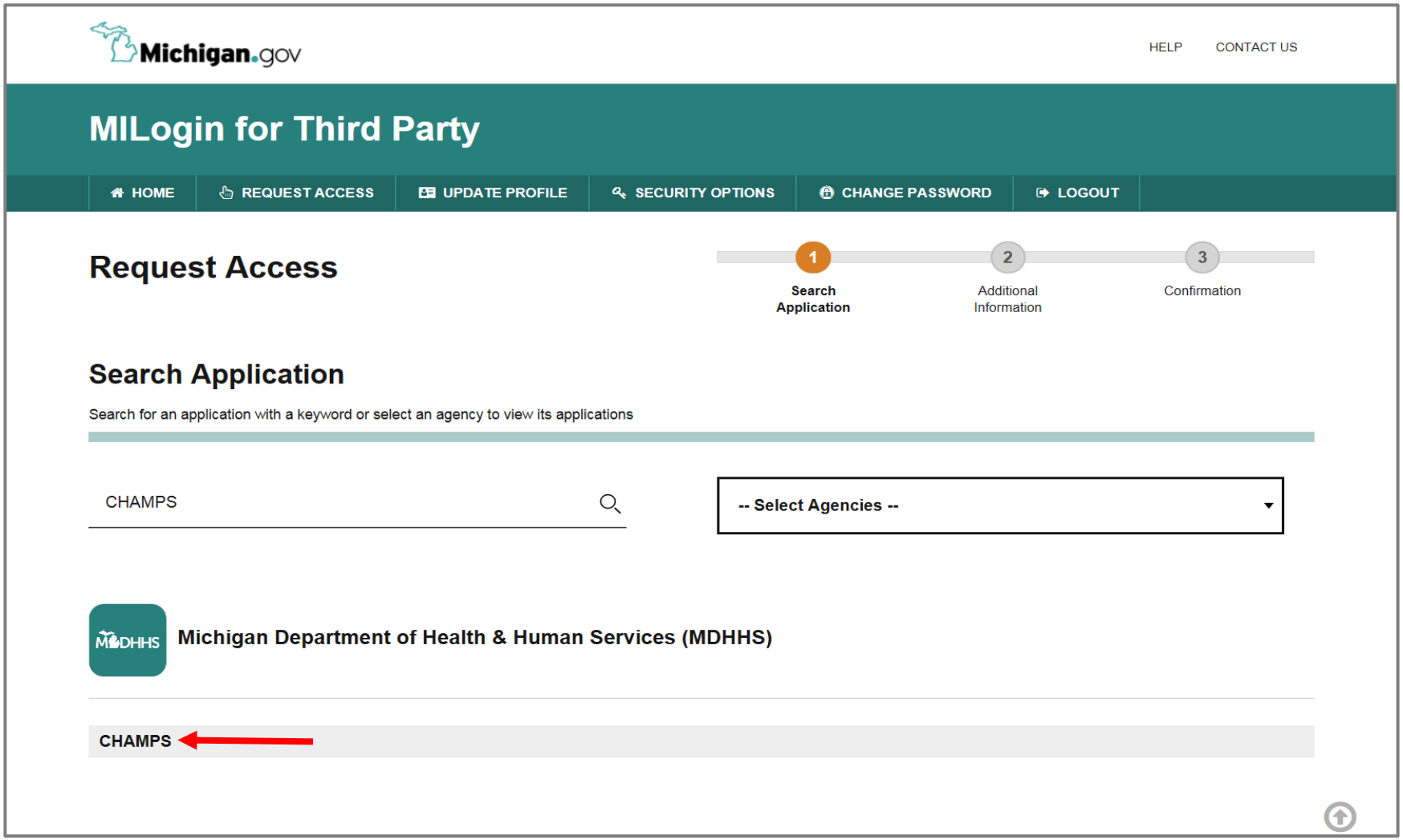
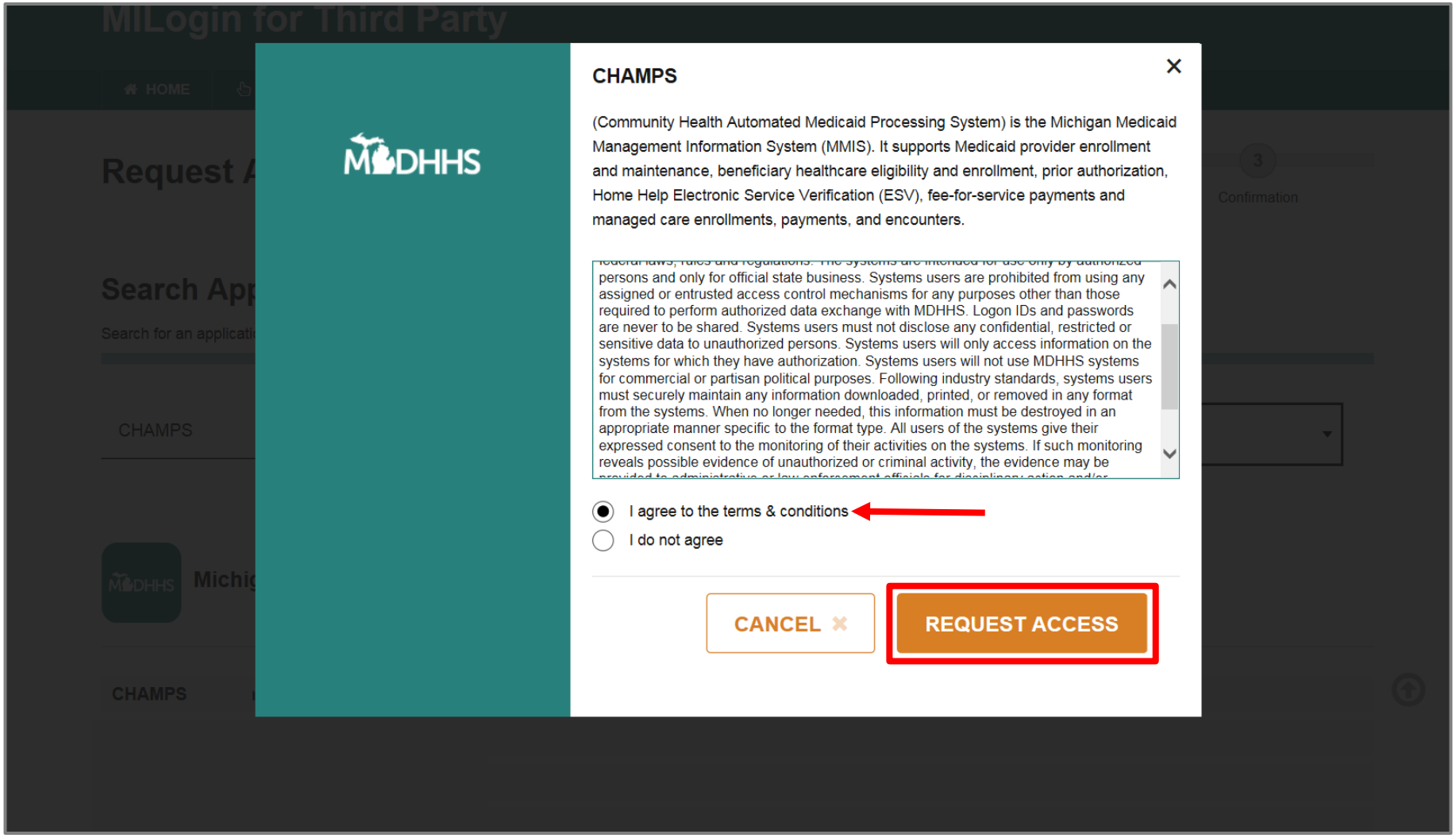


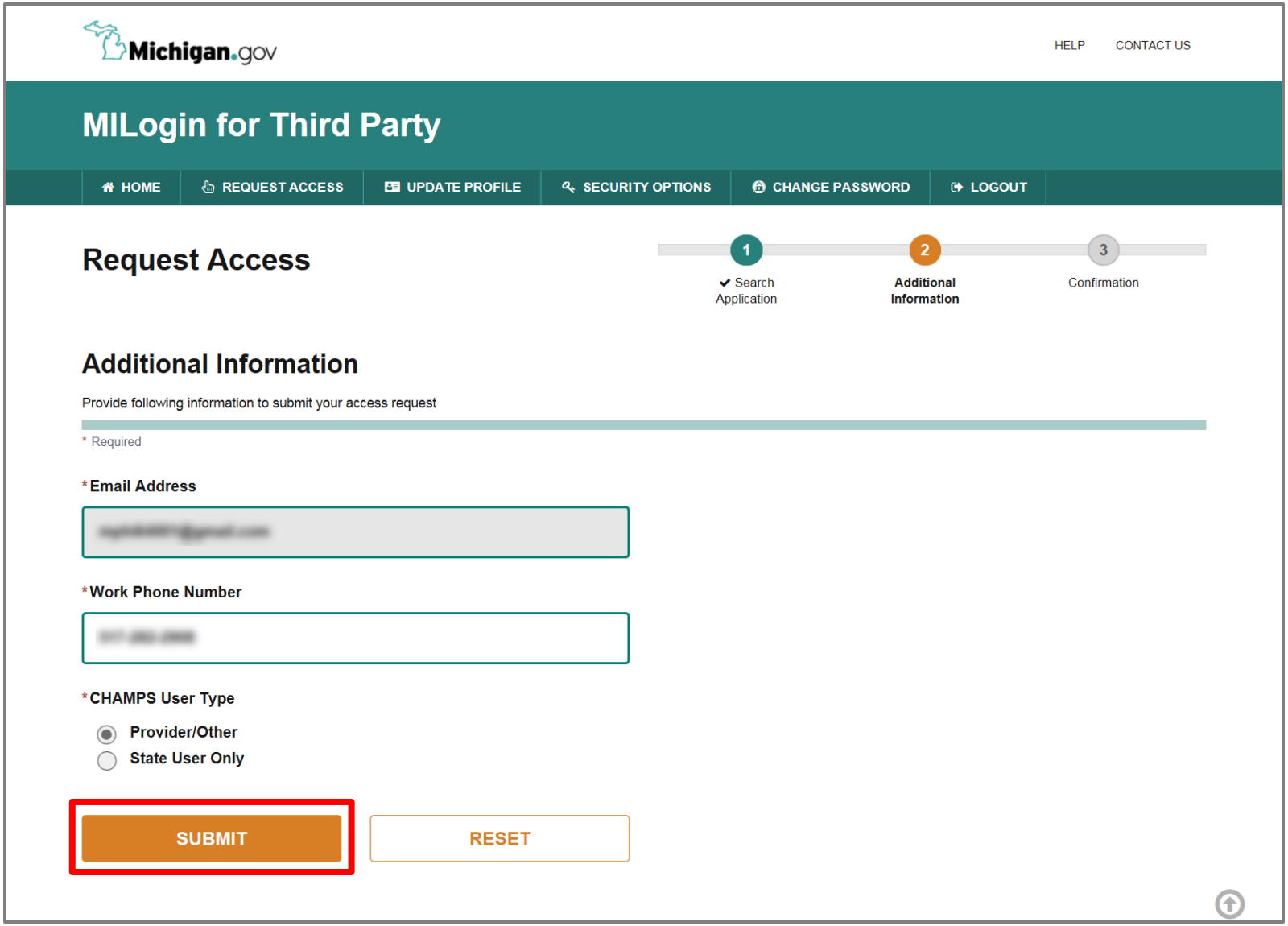
- Type CHAMPS in the search box
- Click the search/magnifying button



- Click on CHAMPS



- Select the ‘I agree to the terms & conditions’ radio button
- Click Request Access



- Verify all information is correct
- Click Submit

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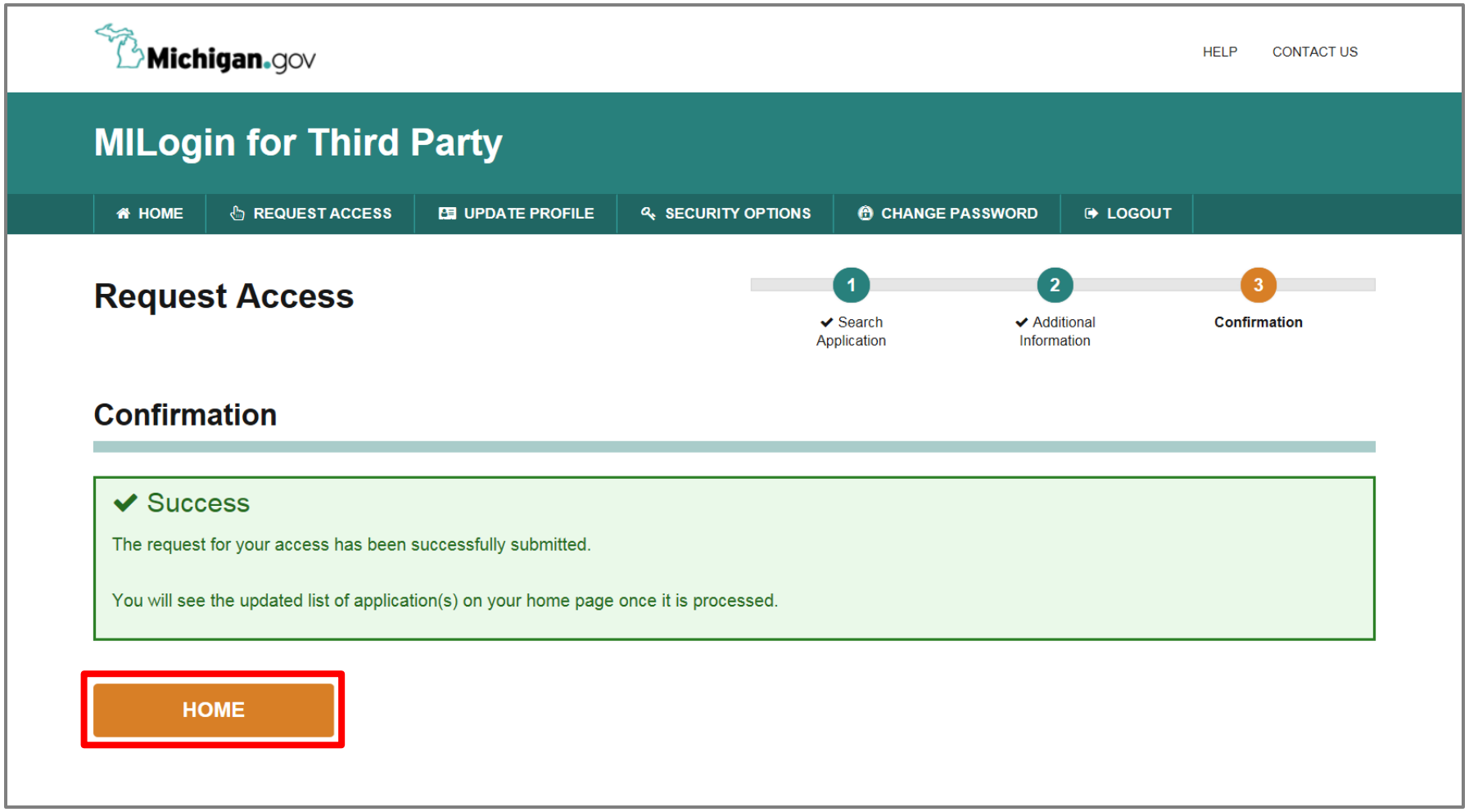
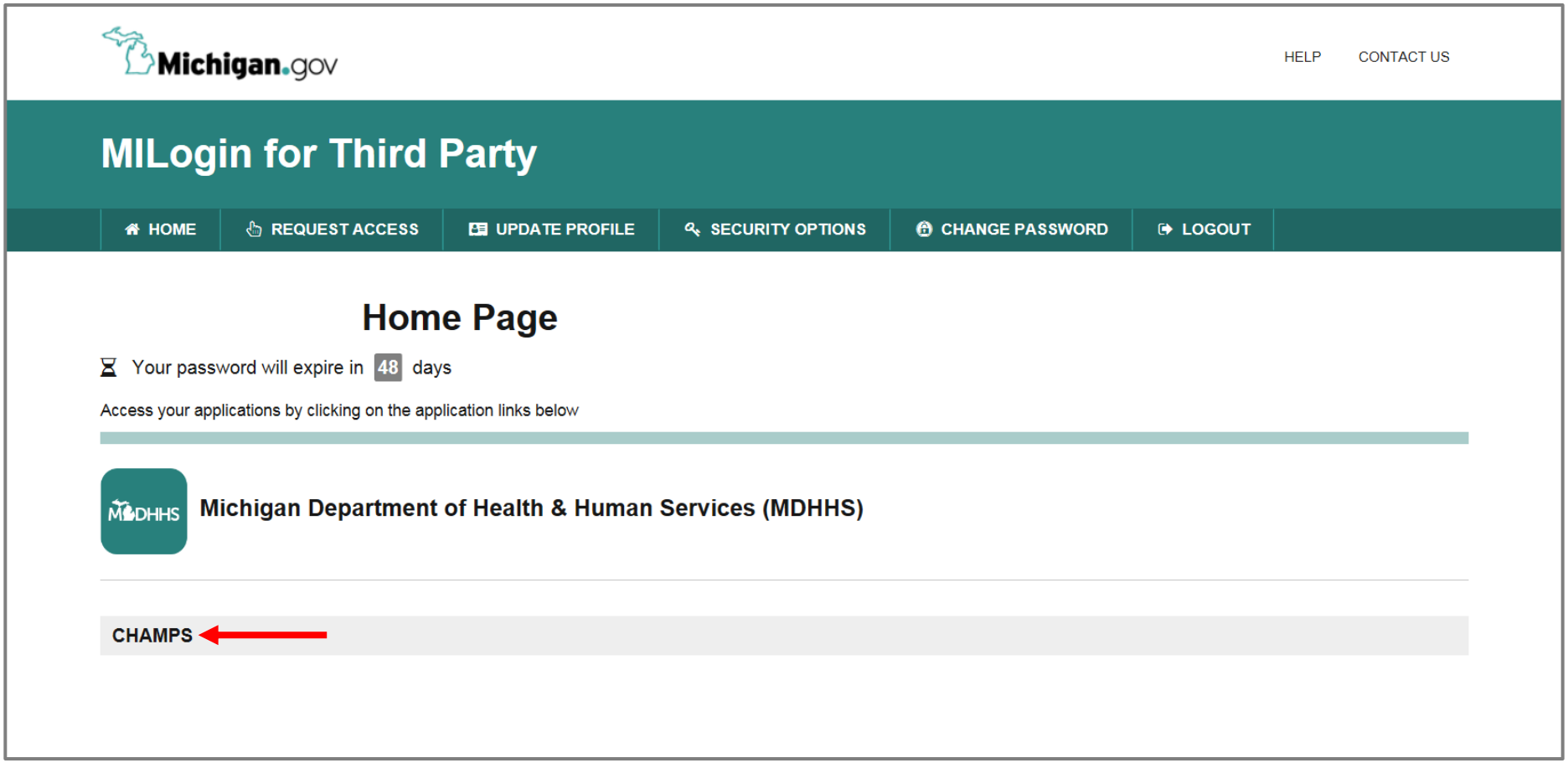
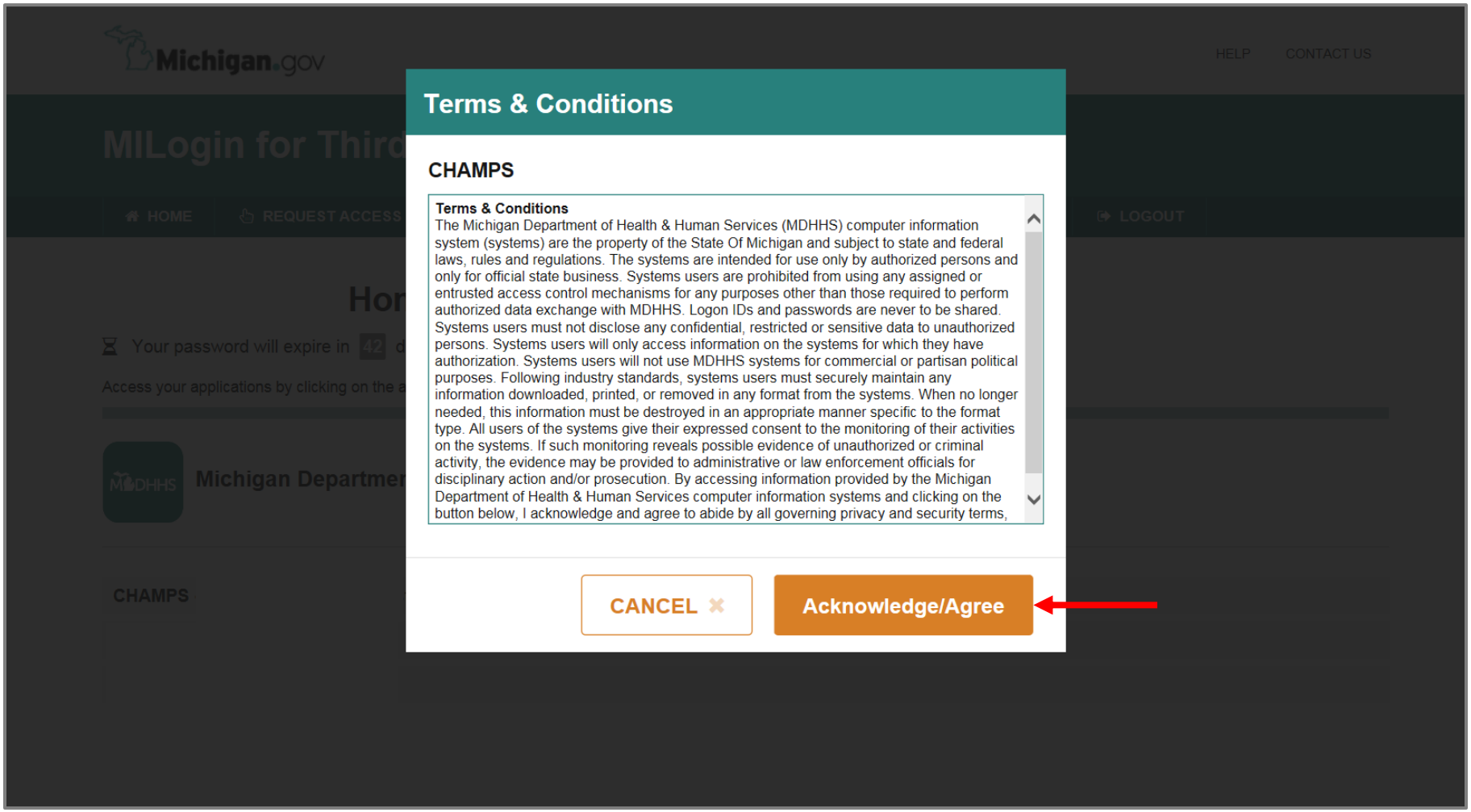


- You will be given confirmation that your request has been submitted successfully
- Click the Home button to return to the MILogin Home Page



- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink



- Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS

New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Facility/Agency/Organization (FAO) Provider type

Prior to enrolling in CHAMPS

- FAO providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
  - SIGMA VSS website: www.michigan.gov/SIGMAVSS
  - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov
  - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.

- FAO providers must also be licensed prior to enrolling in CHAMPS
  - LARA: http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html

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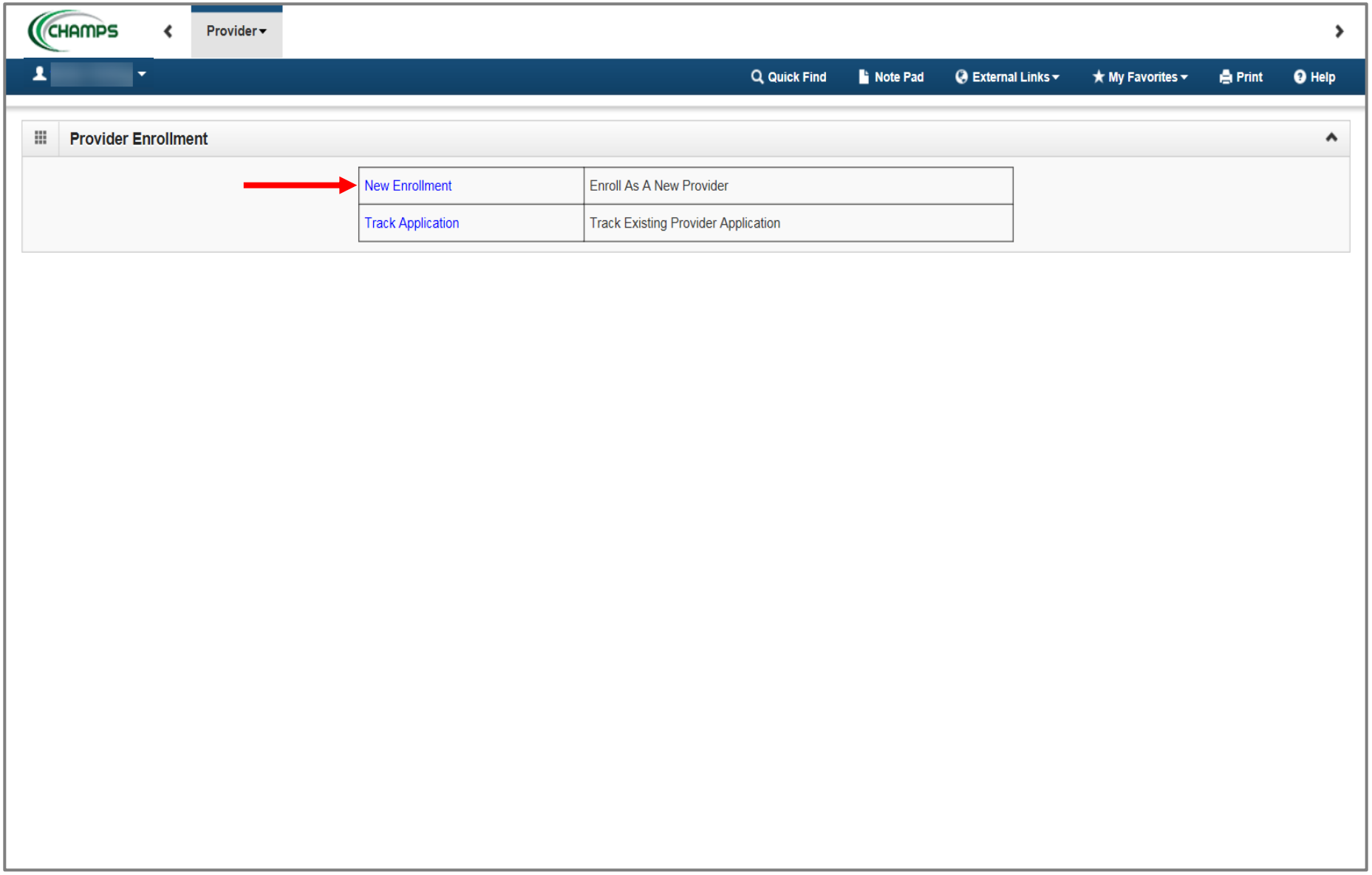

- Click New Enrollment

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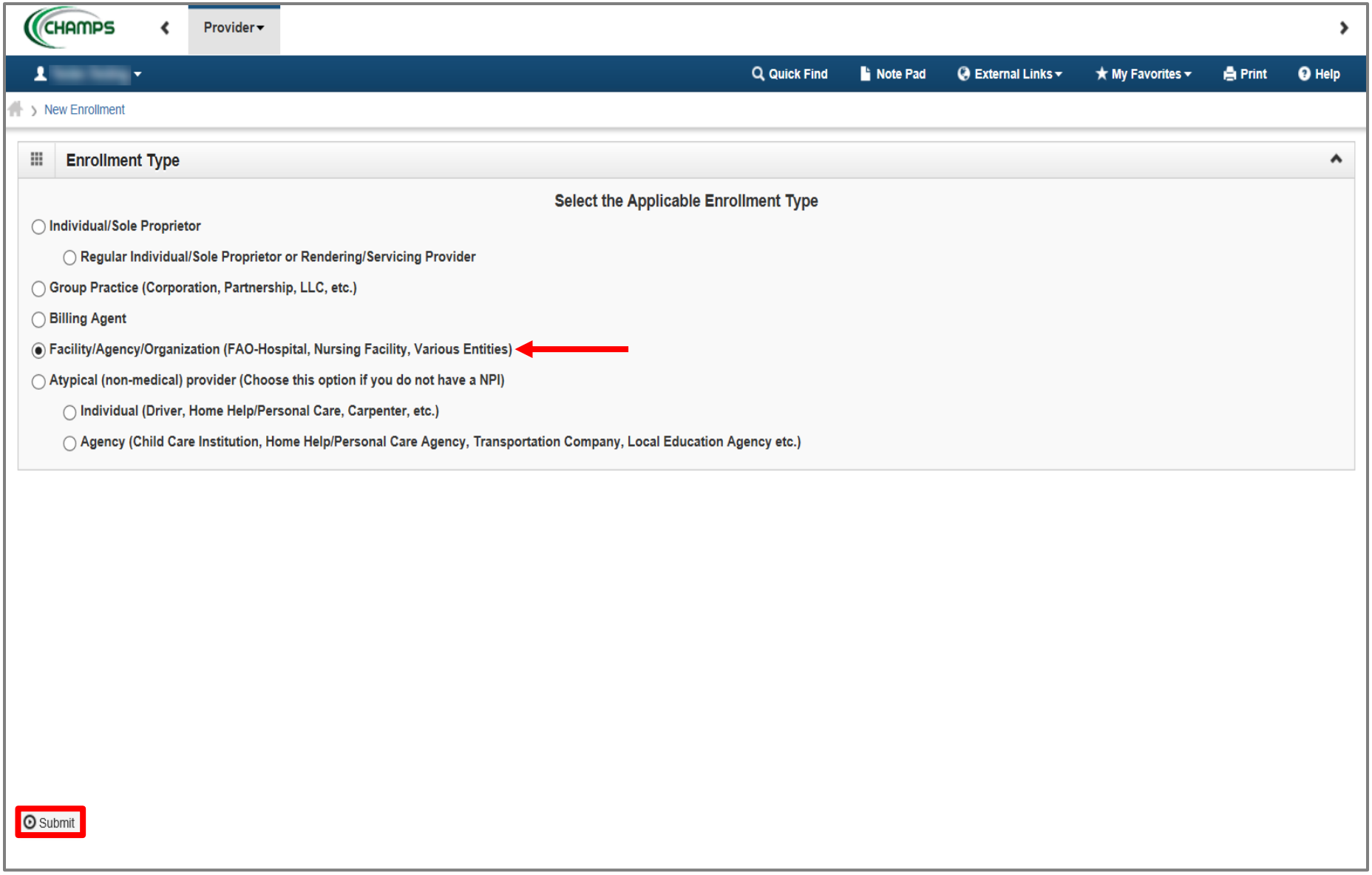
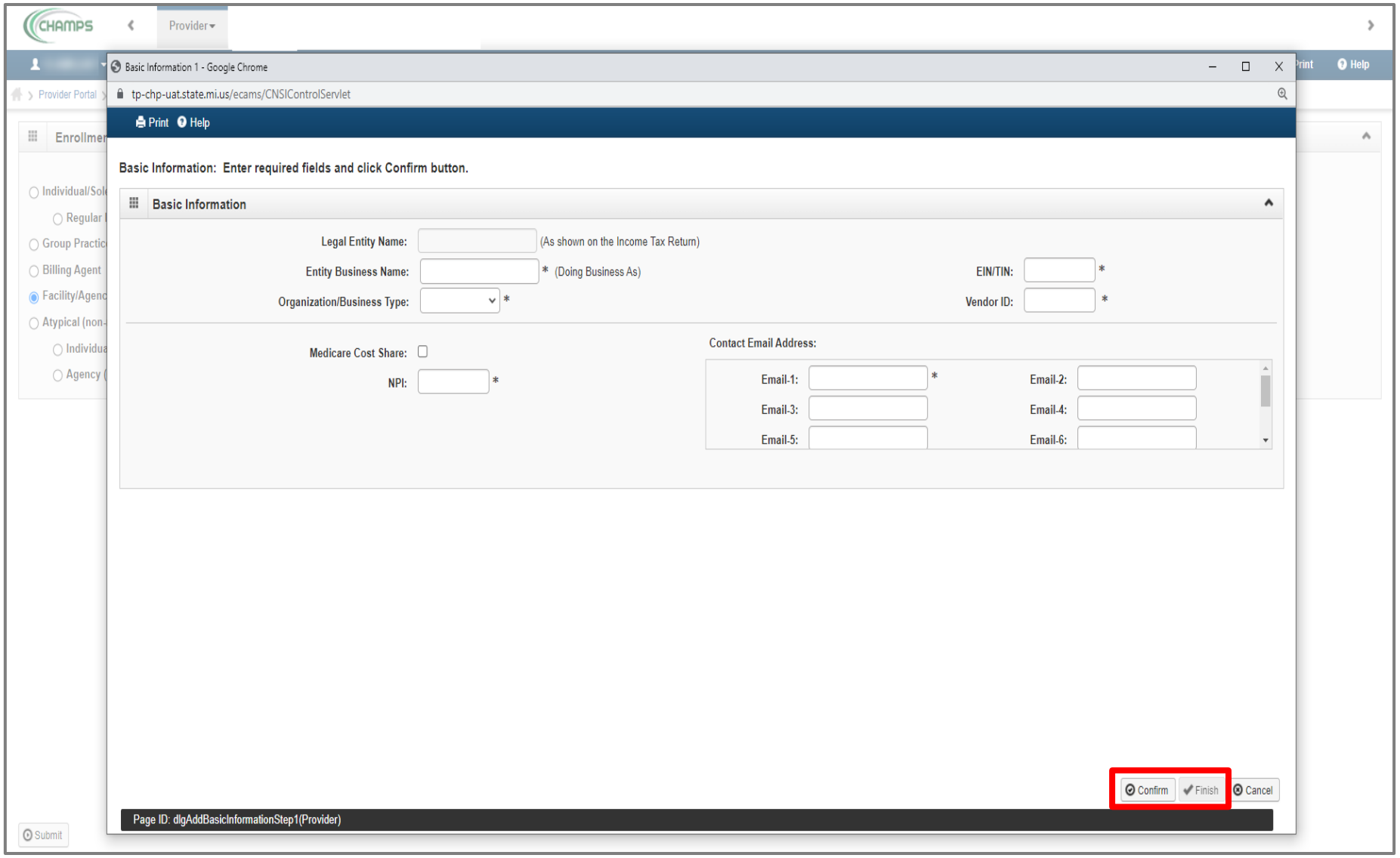
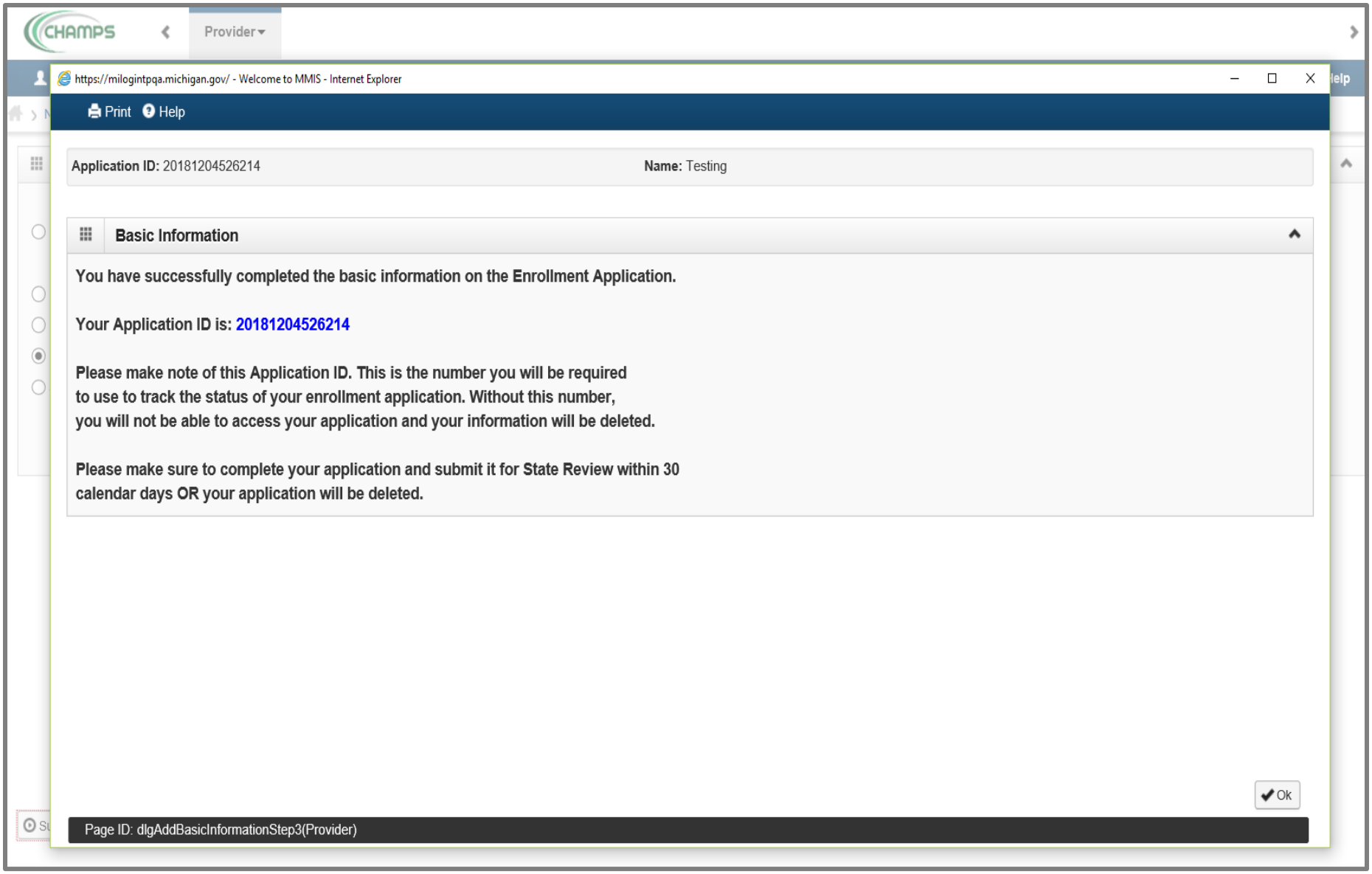


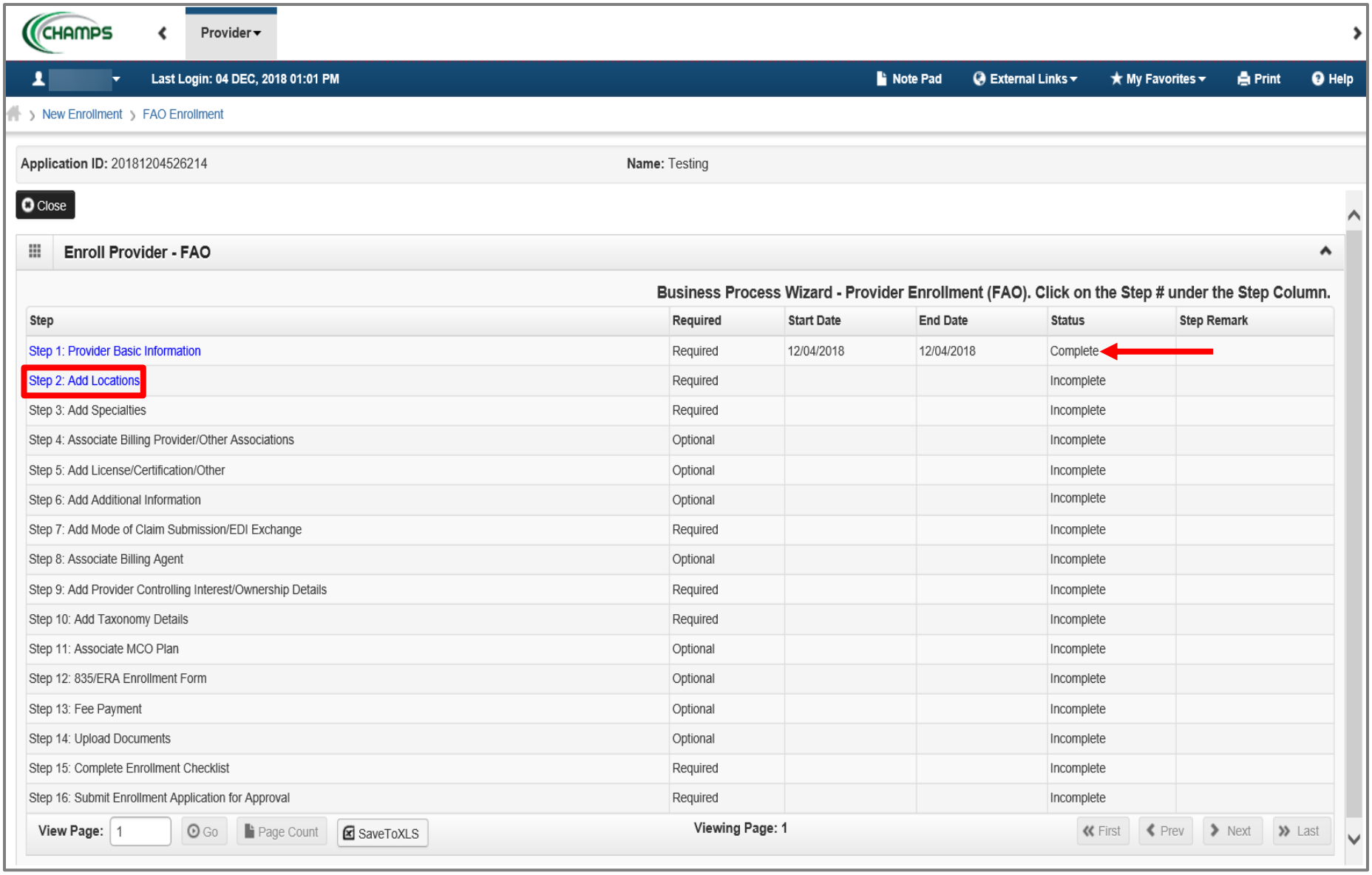
- Select Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Click Submit



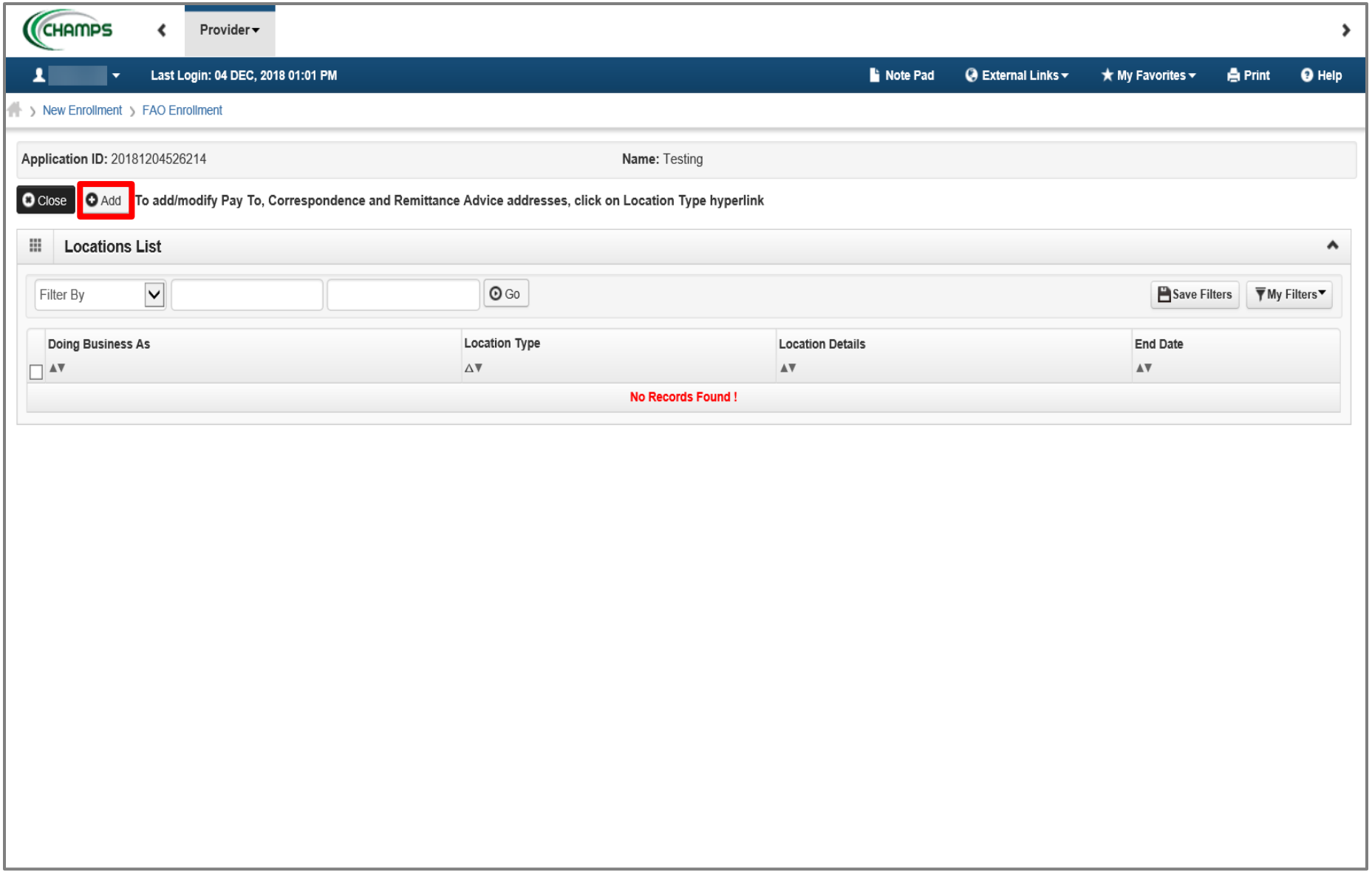
- Complete all fields marked with an asterisk (*)
- Click Confirm
- Click Finish



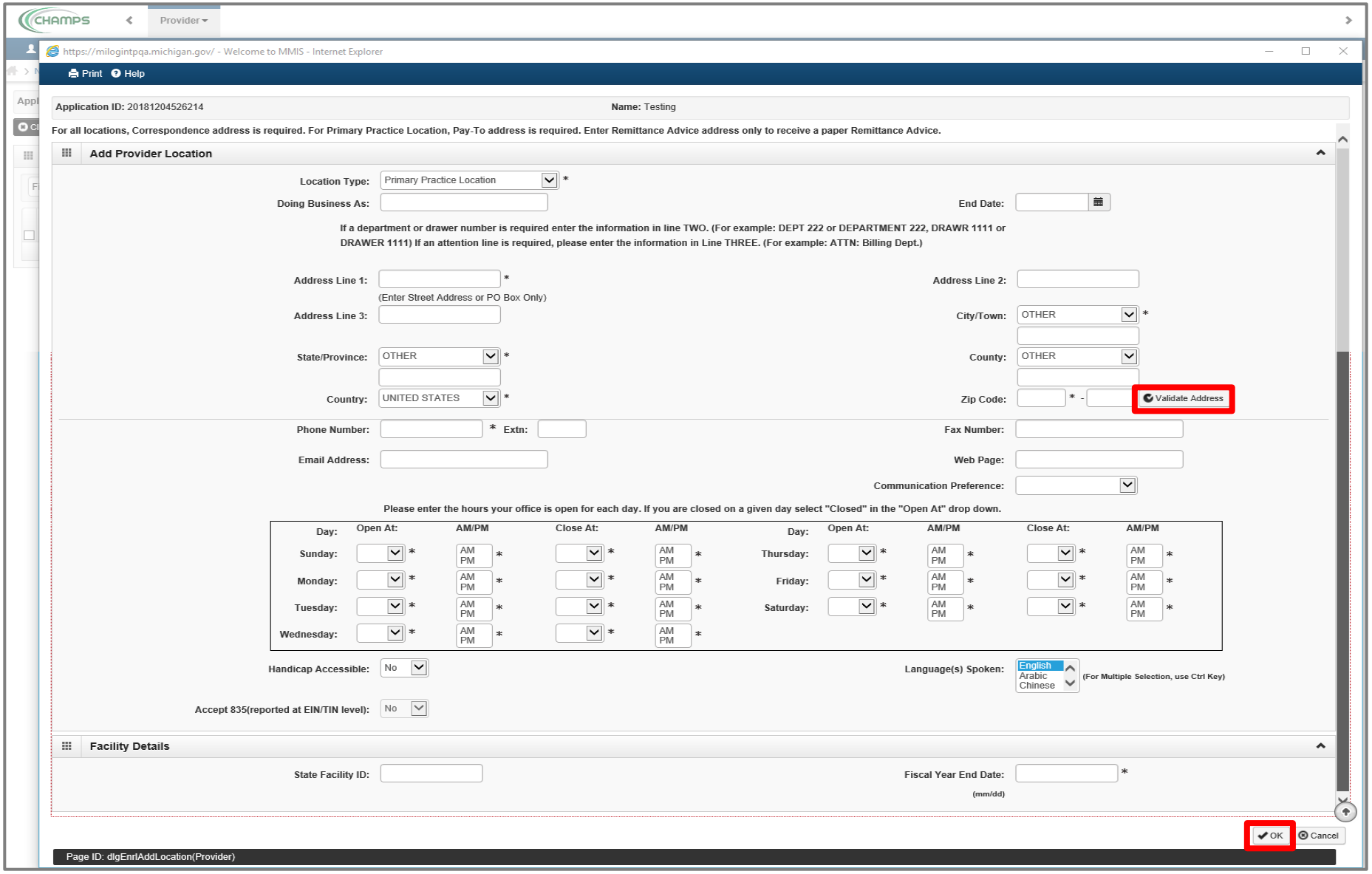
- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok



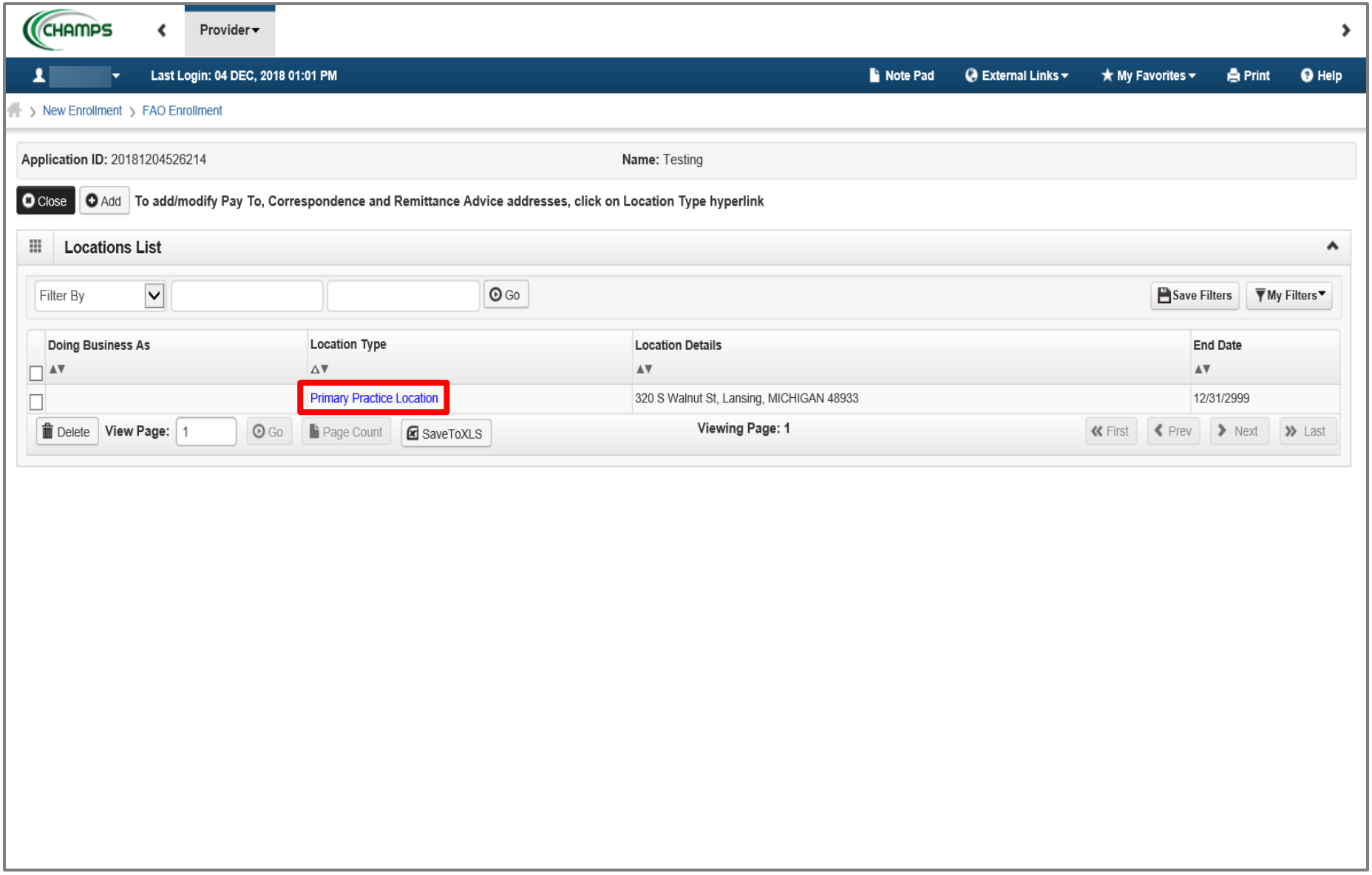
- FAO Provider Enrollment steps are listed *(Please Note: some steps are required versus optional)*
- Step 1 has a status of Complete
- Click on Step 2: Add Locations



- Click Add, to enter Primary Location information

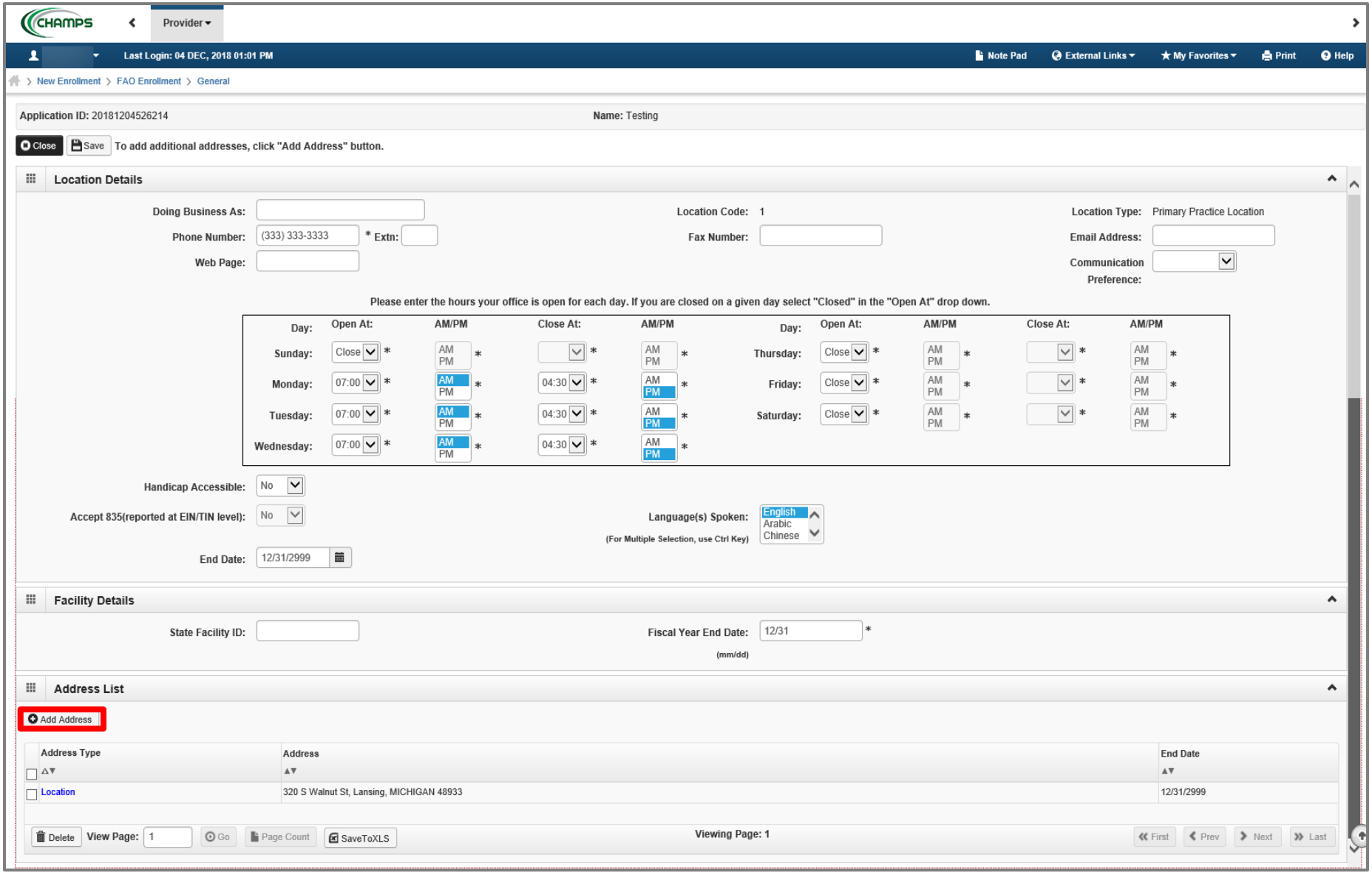


- Complete Address Line 1 and Zip Code, click Validate Address
  (Please Note: you should receive confirmation "Address Validation Successful")
- Complete all fields marked with an asterisk (*)
- Click Ok

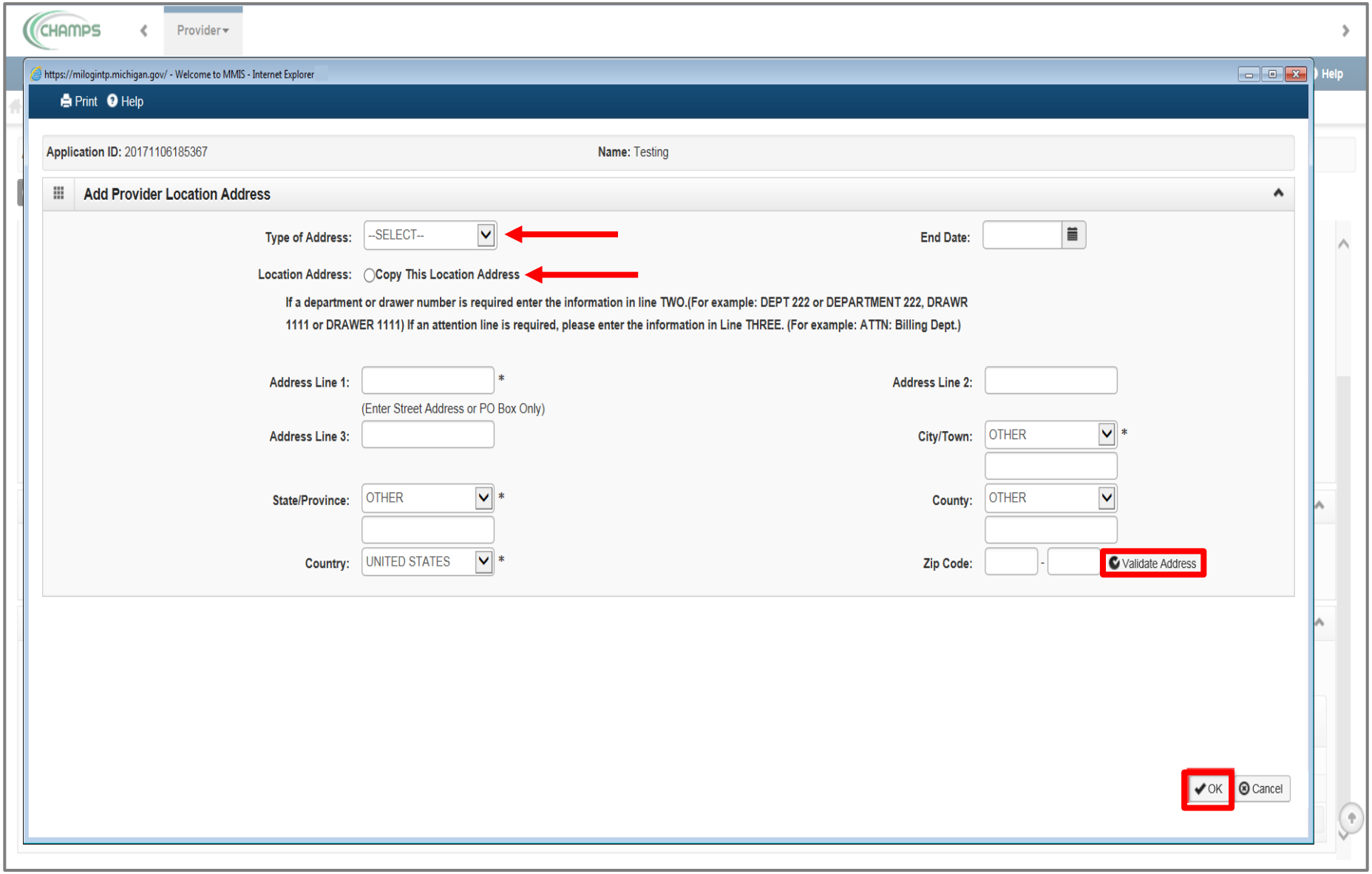


- Click Primary Practice Location to add Pay-To address

(Please Note: Correspondence address is required for all locations. Enter Remittance Advise address only to receive a paper Remittance Advice)



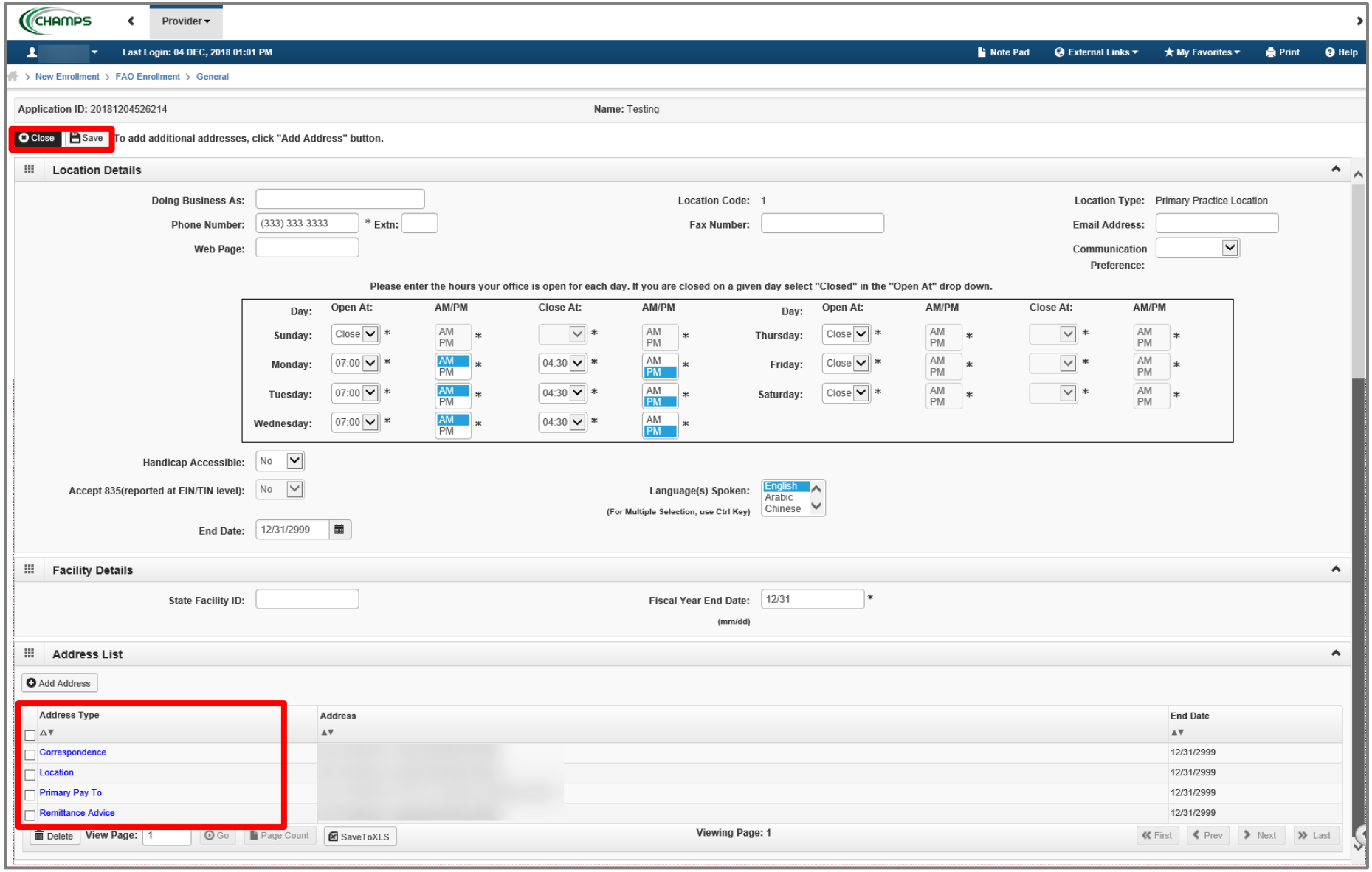
- Click Add Address



- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address

(Please Note: you should receive confirmation "Address Validation Successful")

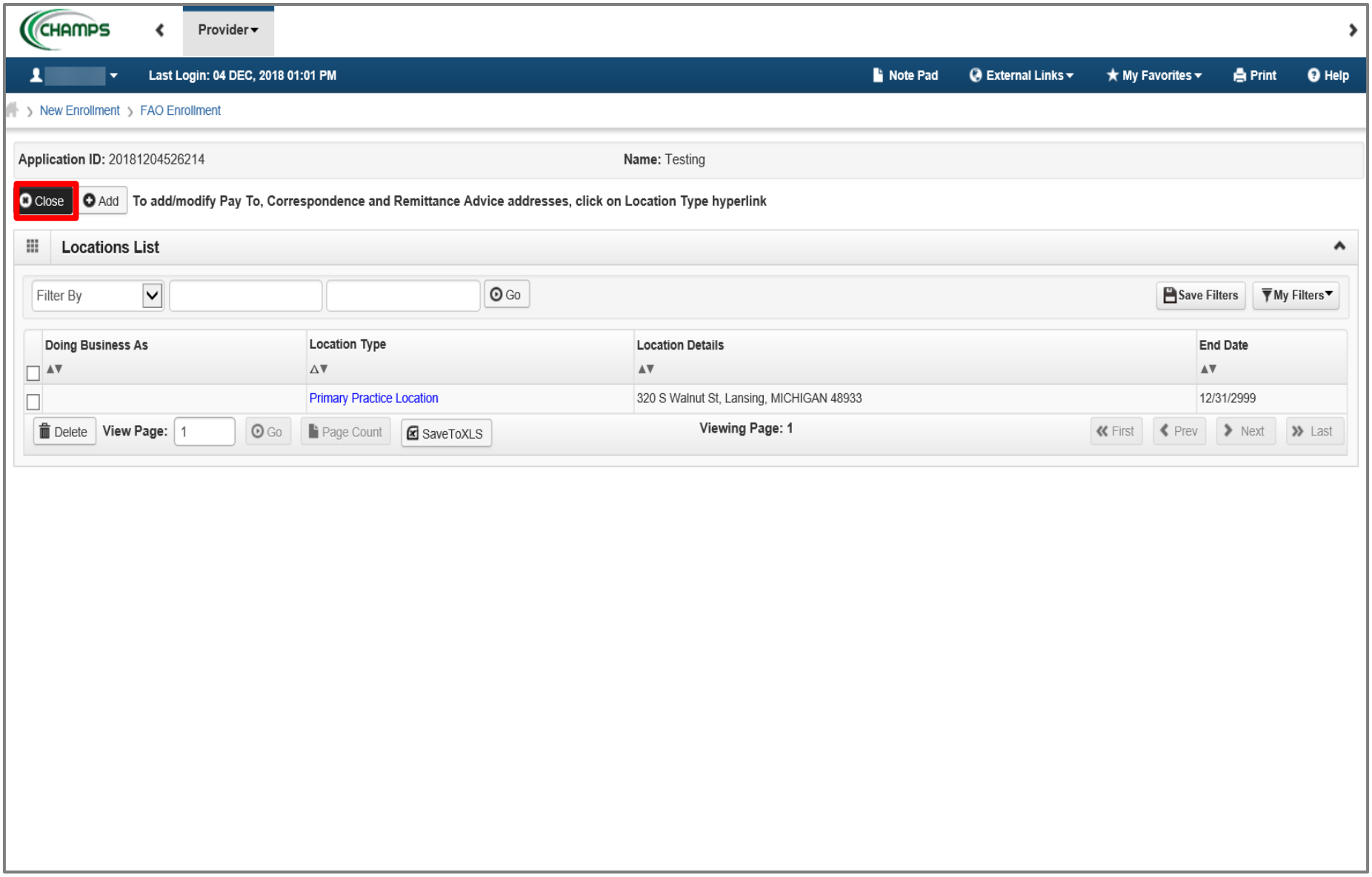
- Click Ok



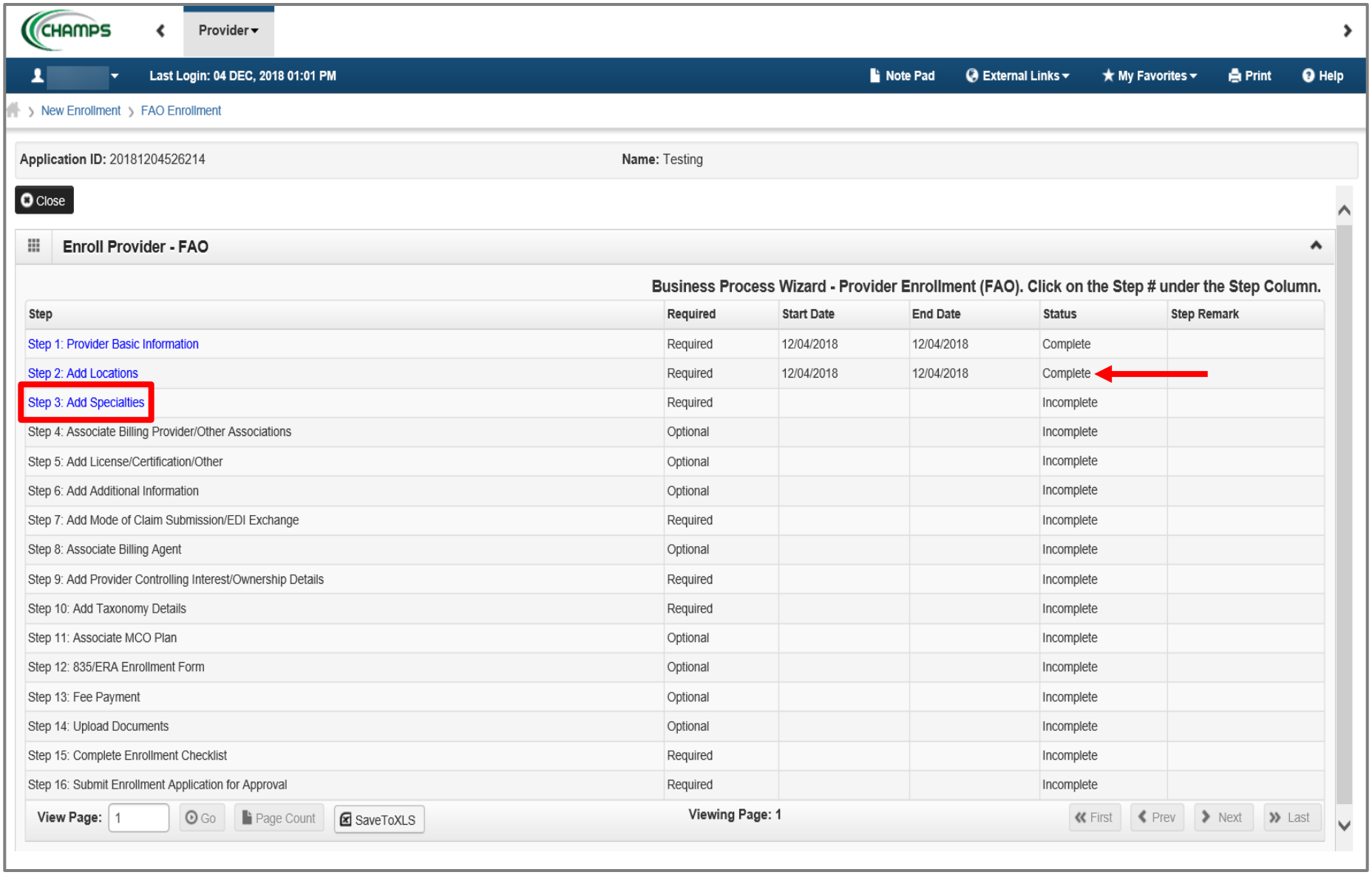
- When all address locations are complete, click Save

(Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on previous slide.)

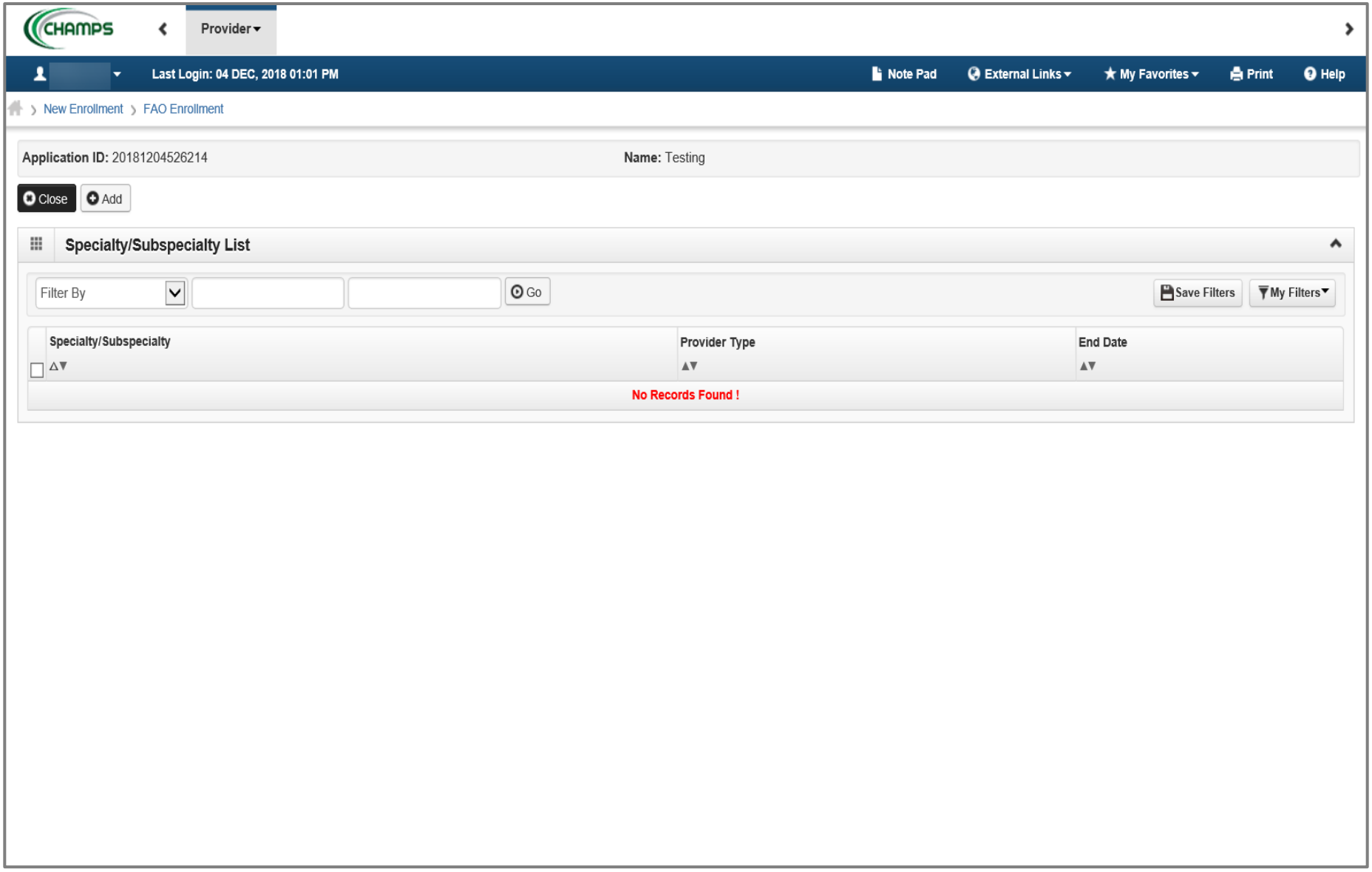
- Click Close



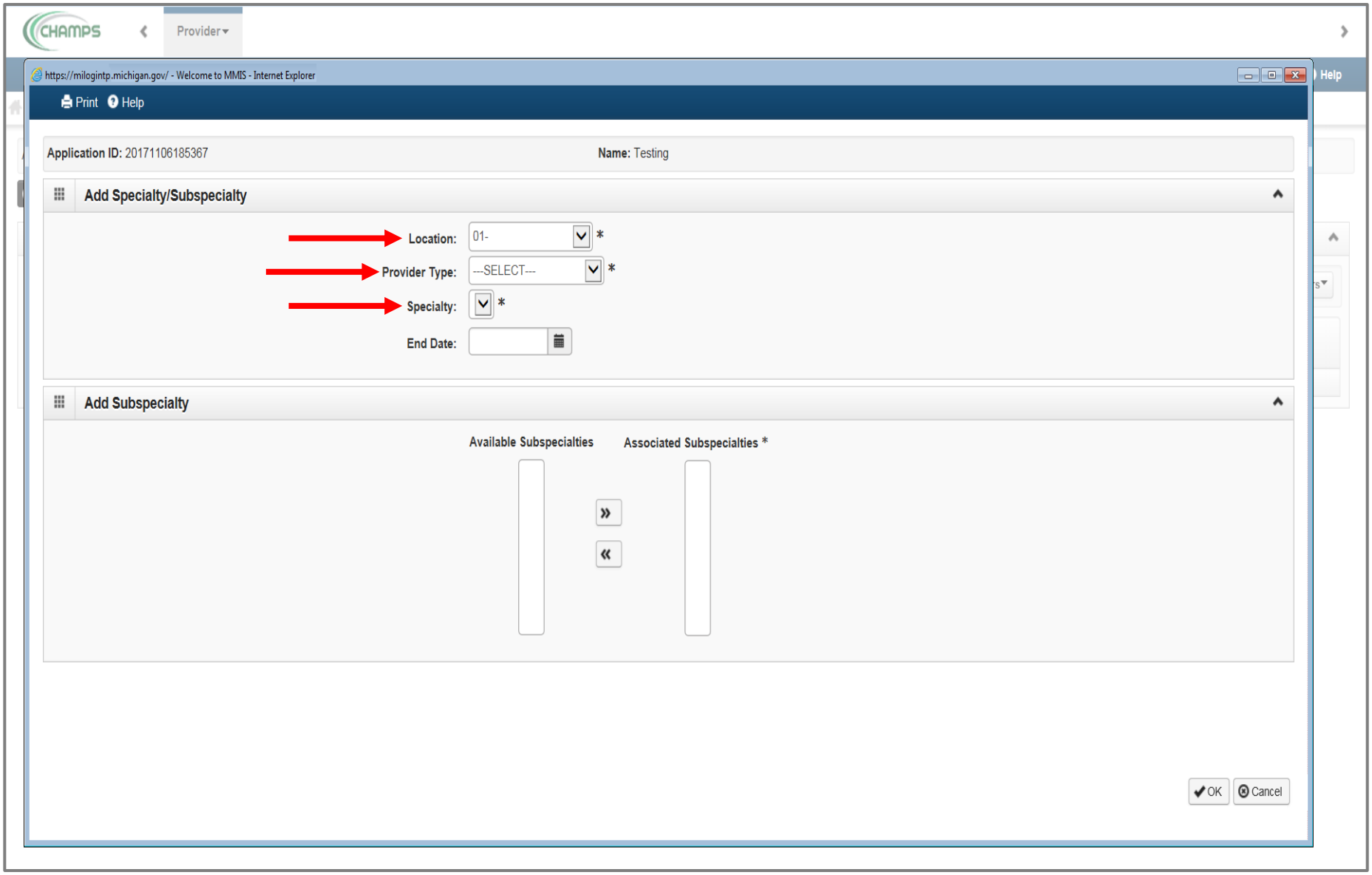
- Click Close



- Step 2 is complete
- Click on Step 3: Add Specialties

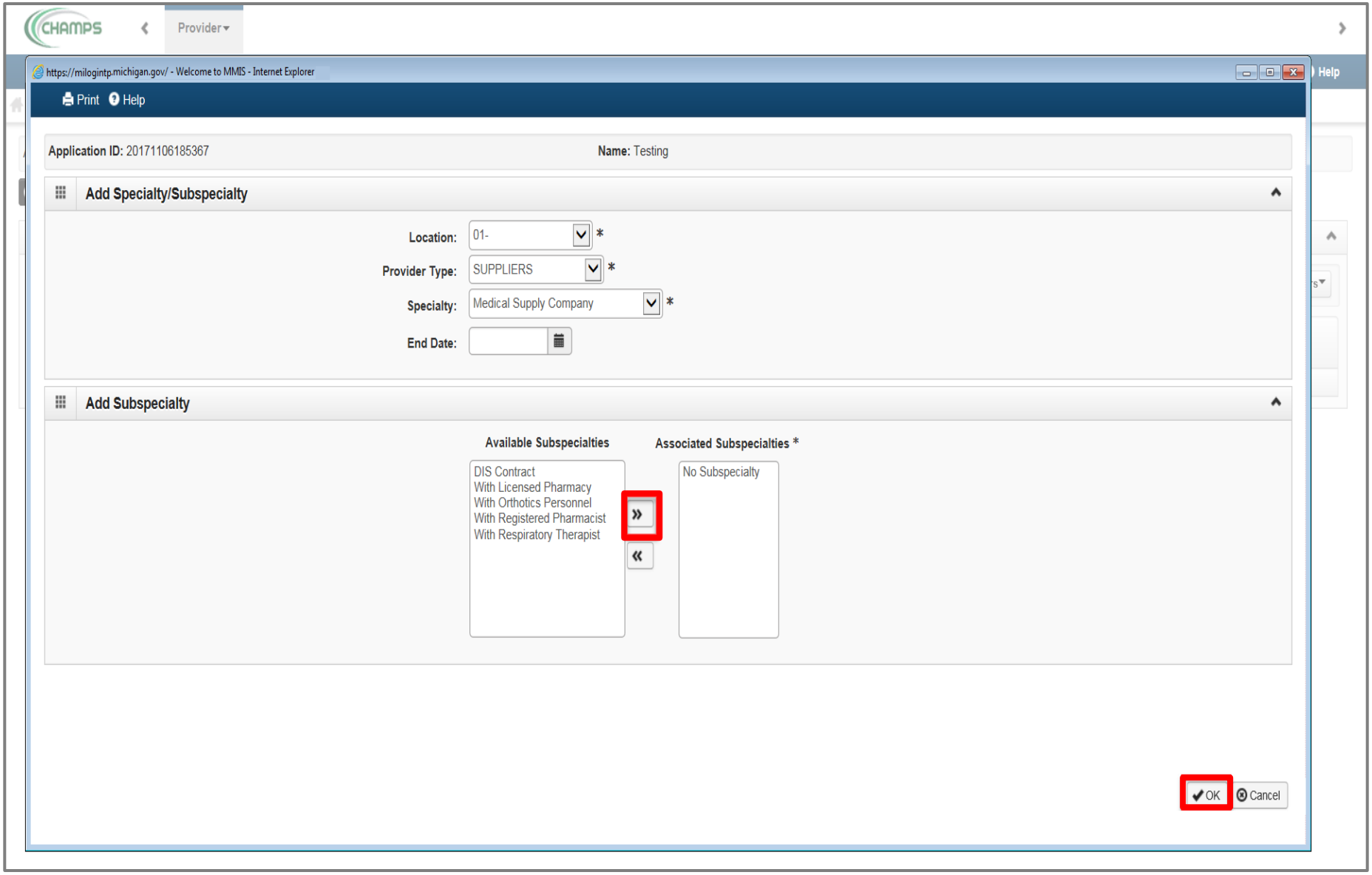

CHAMPS
Provider
Last Login: 04 DEC, 2018 01:01 PM
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
FAO Enrollment
Application ID: 20181204526214
Name: Testing
Close
Add
Specialty/Subspecialty List
Filter By
Go
Save Filters
My Filters
Specialty/Subspecialty
Provider Type
End Date
No Records Found !

- Click Add

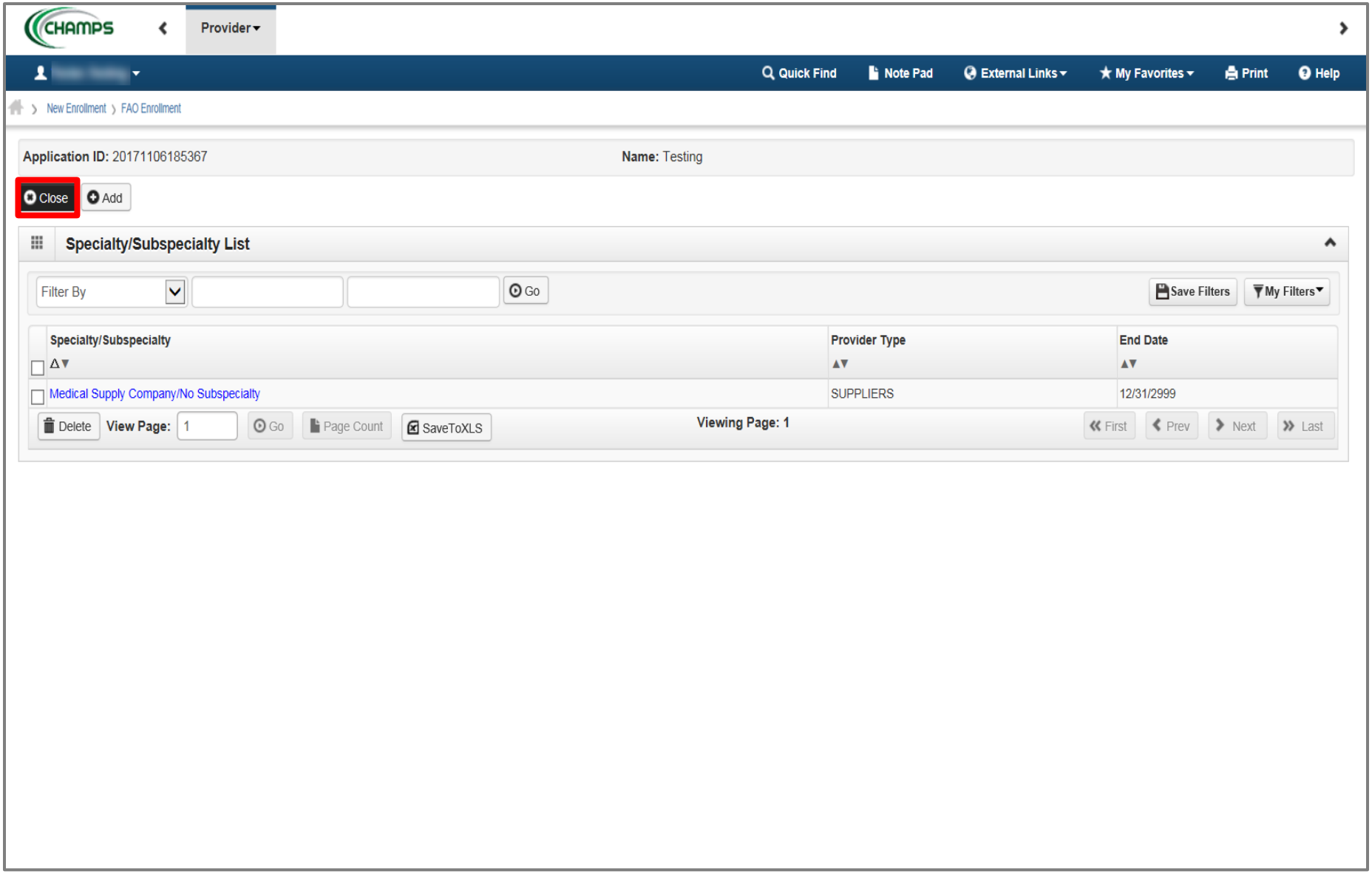


- Choose appropriate Location, Provider Type, and Specialty

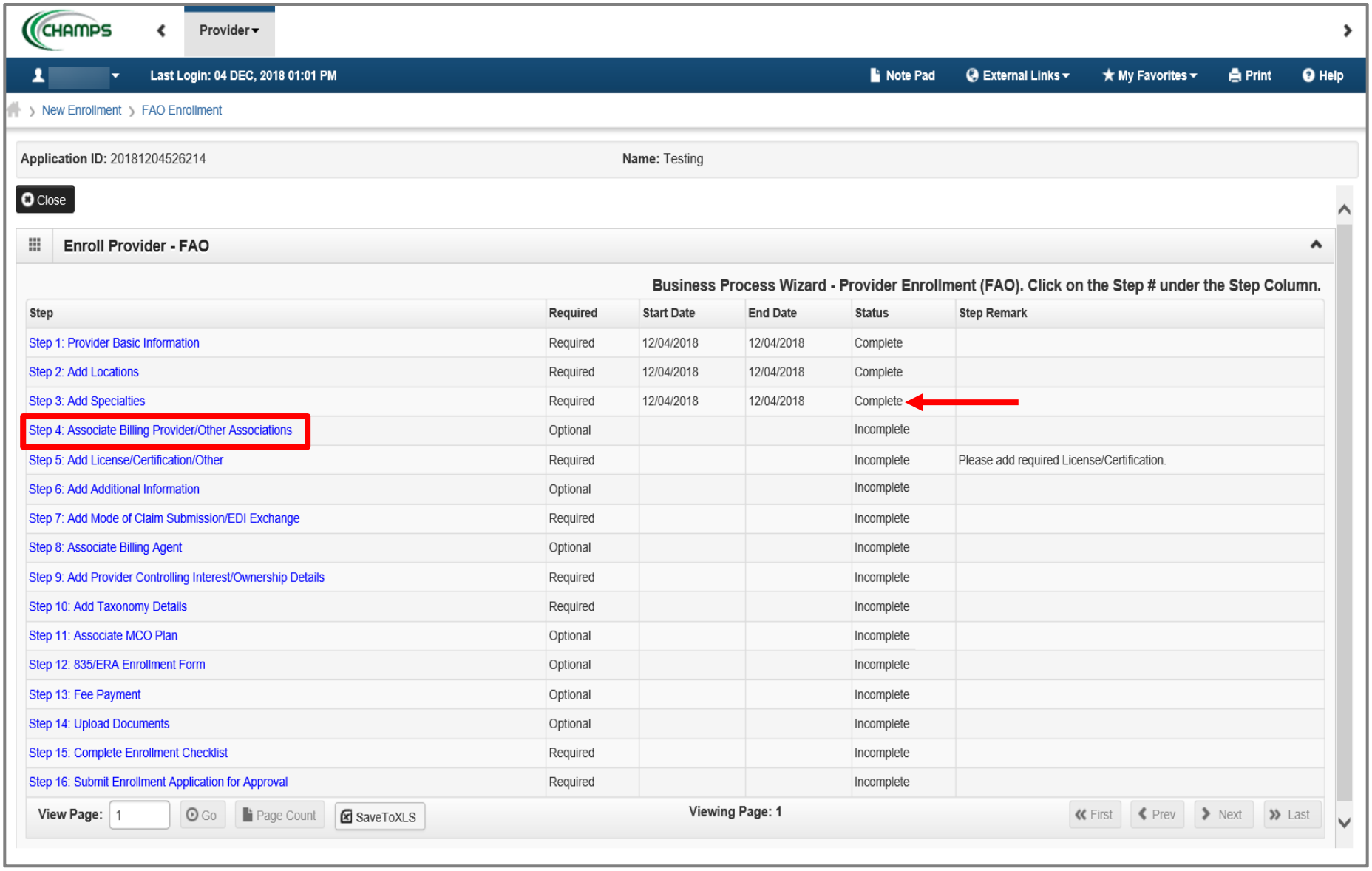
  (Please Note: There is no need to fill in an End Date)
- Dependent on the Specialty chosen, Available Subspecialties will populate



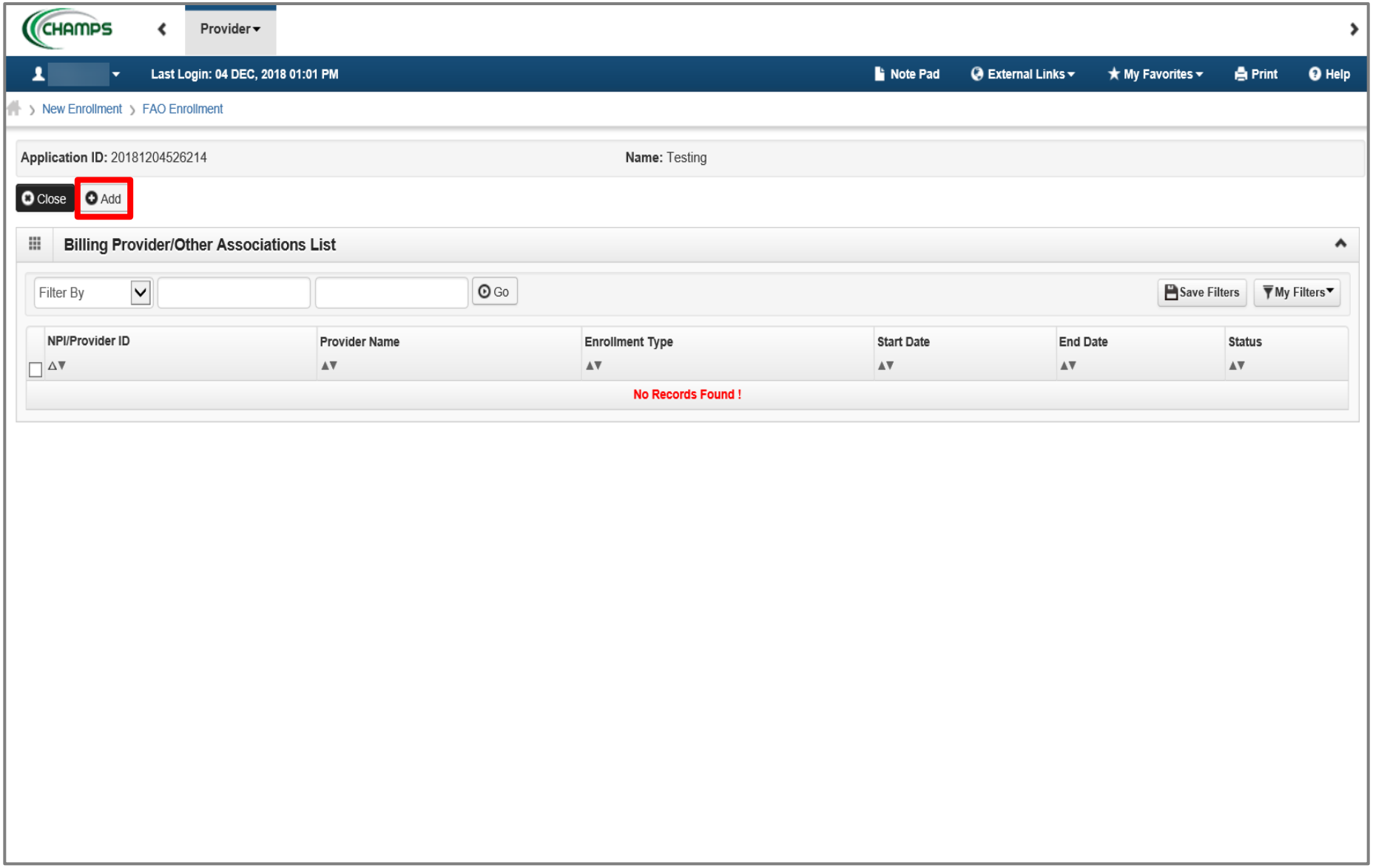
- When Provider Type and Specialty have been chosen, the available subspecialties will be listed
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- When complete, click Ok



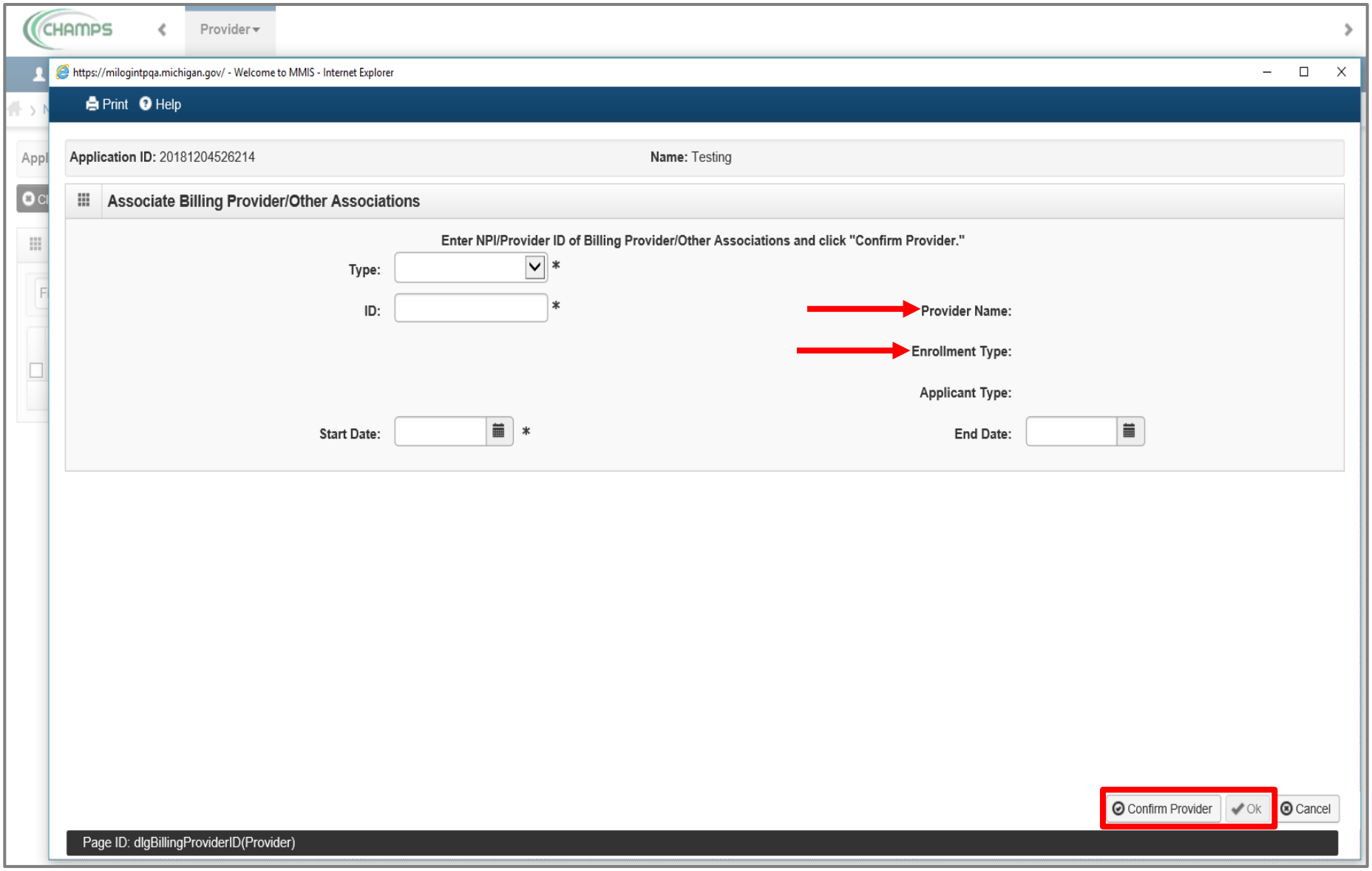
- Once all Specialties/Subspecialties have been added, click Close



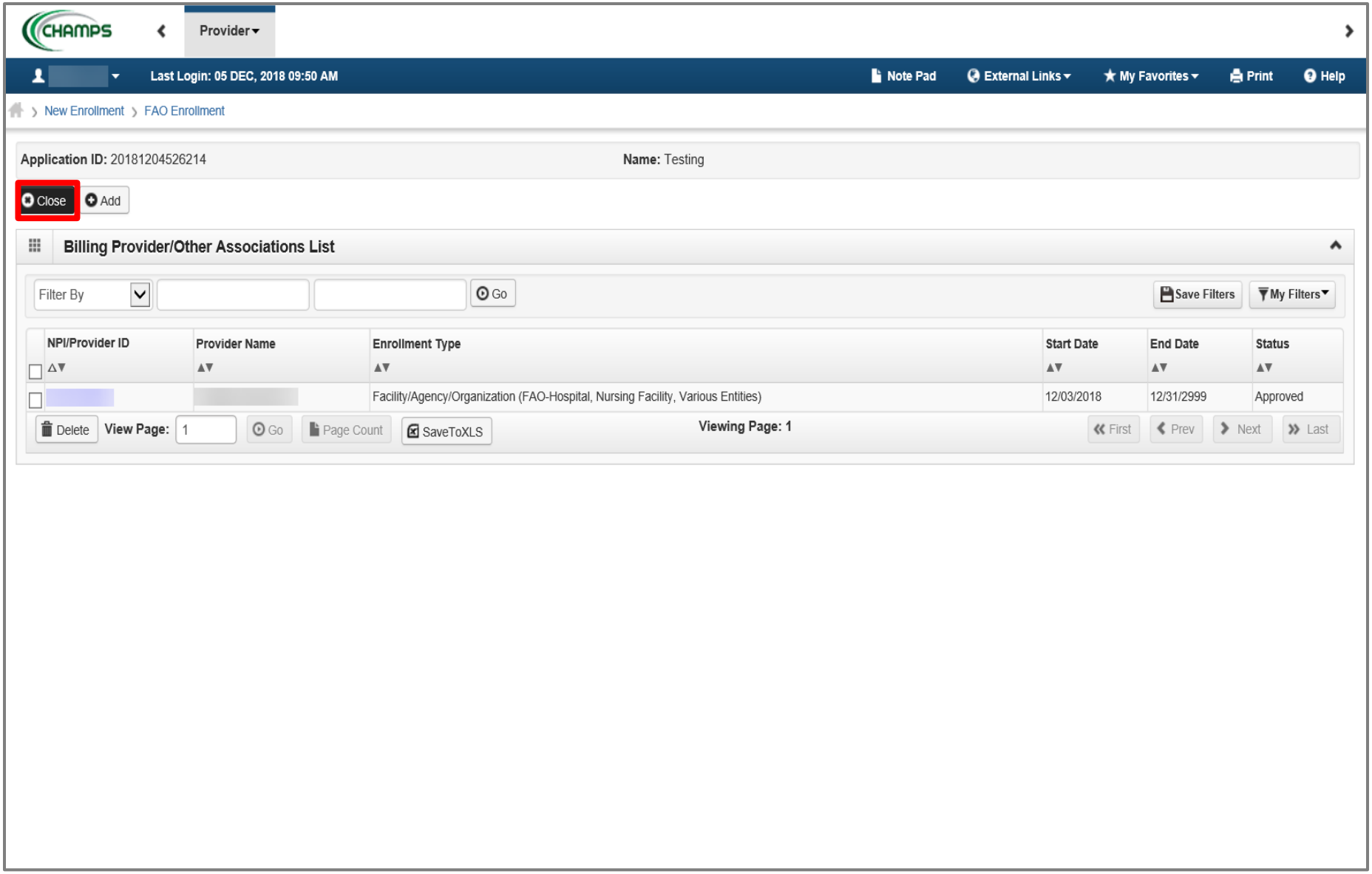
- Step 3 is complete
- Click on Step 4: Associate Billing Provider/Other Associations



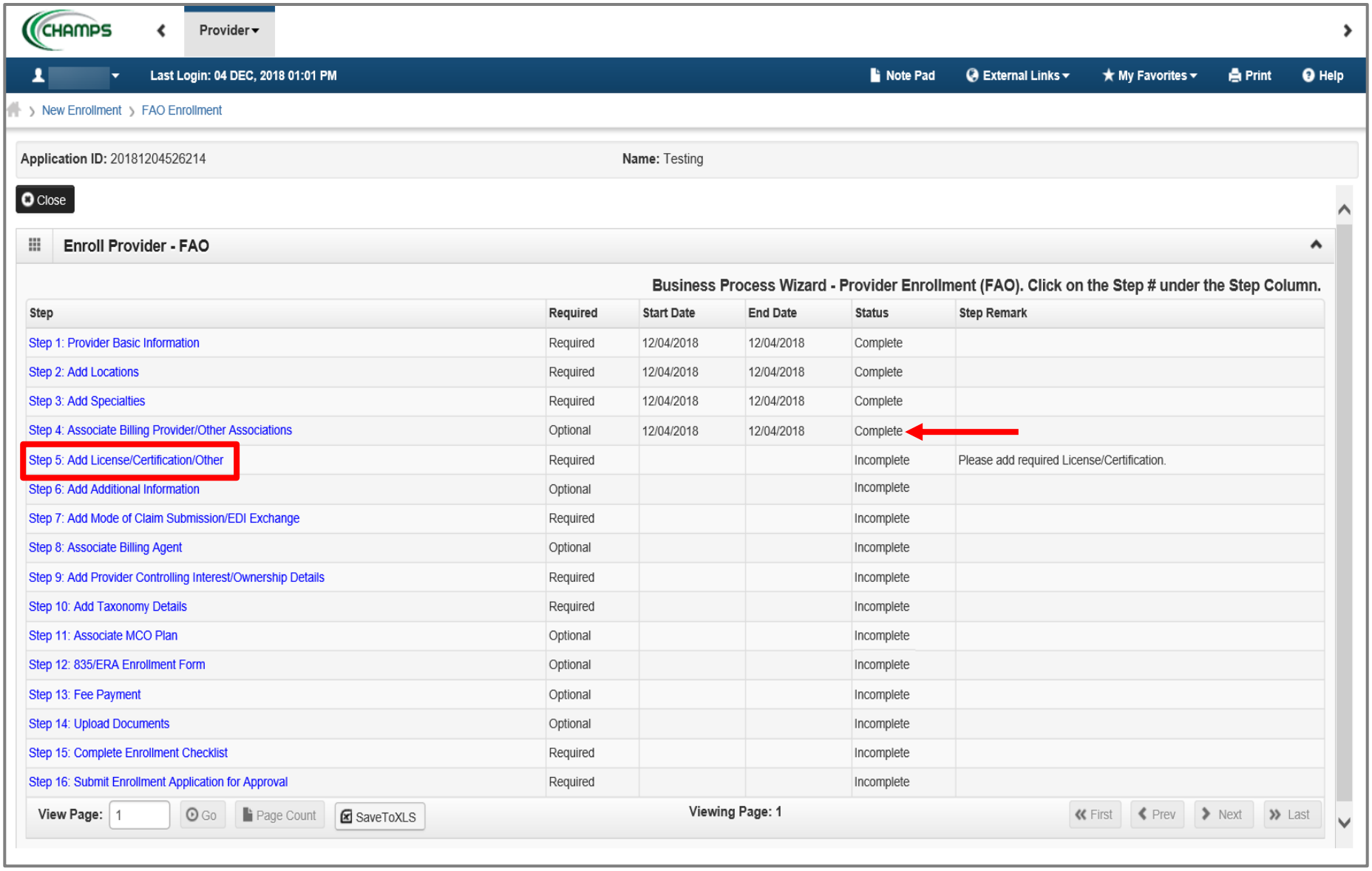
- Click Add



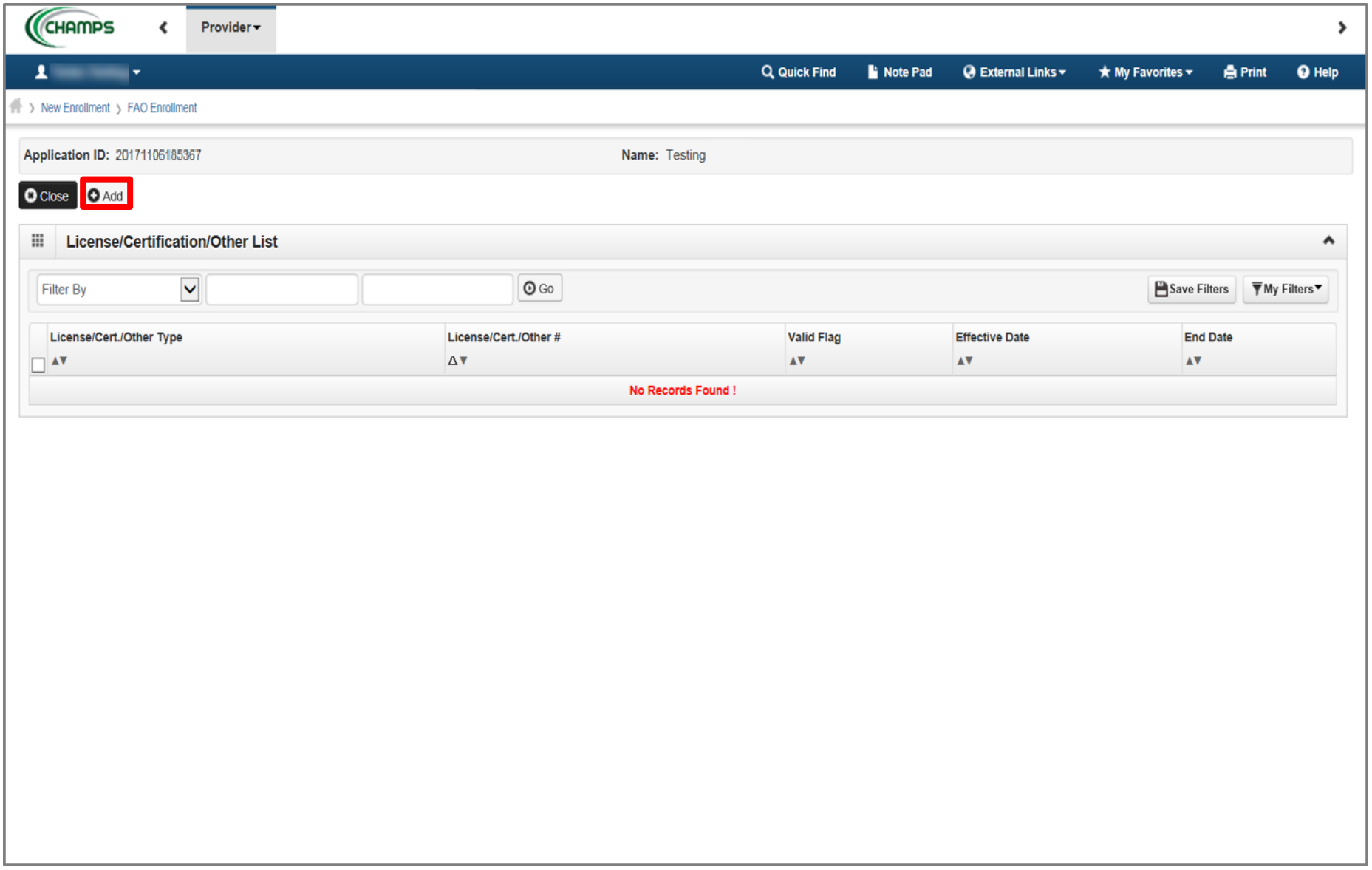
- Complete all fields marked with an asterisks (*)
- Click Confirm Provider
  - Provider Name and Enrollment Type will populate
- Click Ok



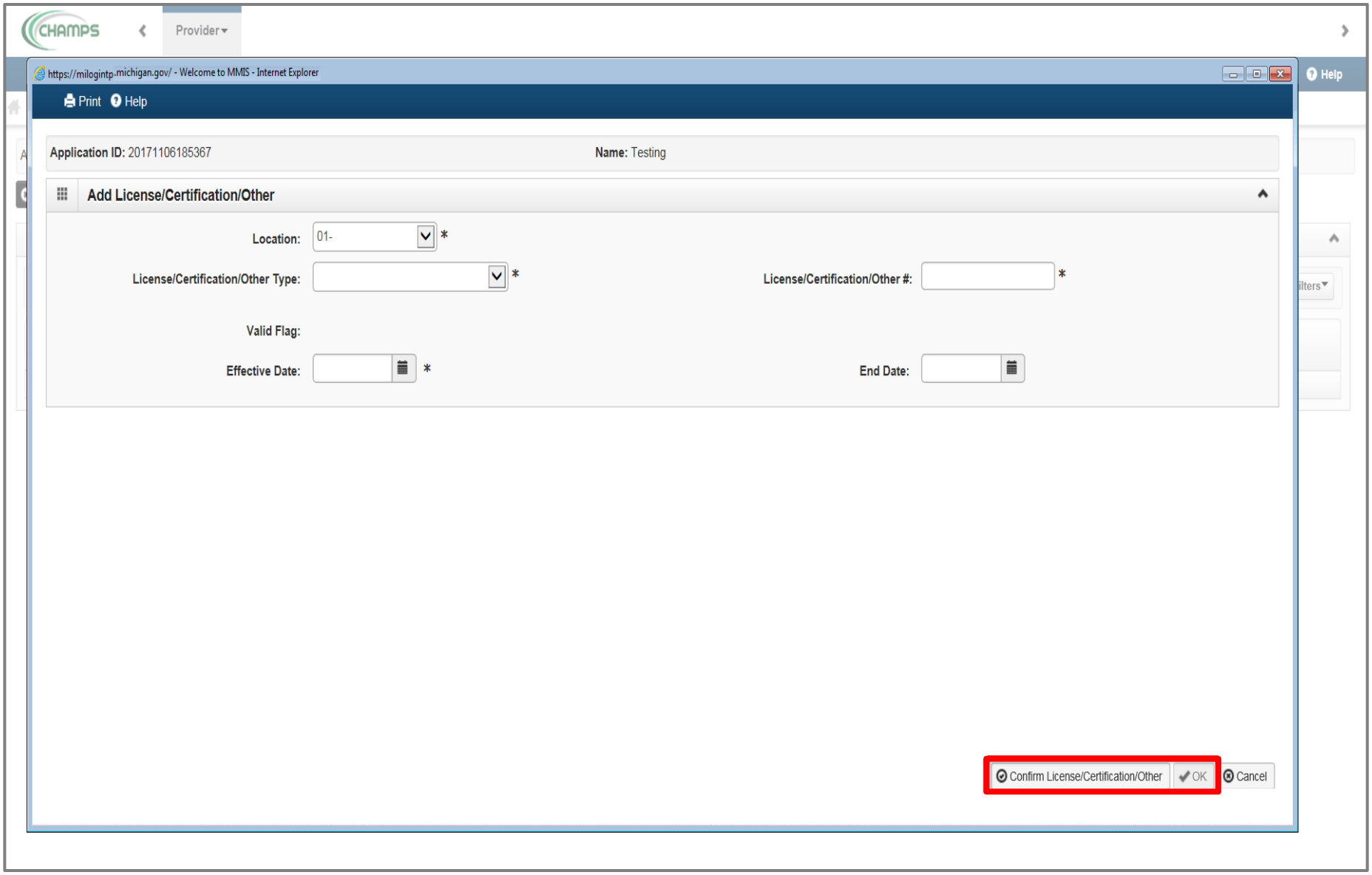
- Once all Billing Provider/Other Associations have been added, click Close



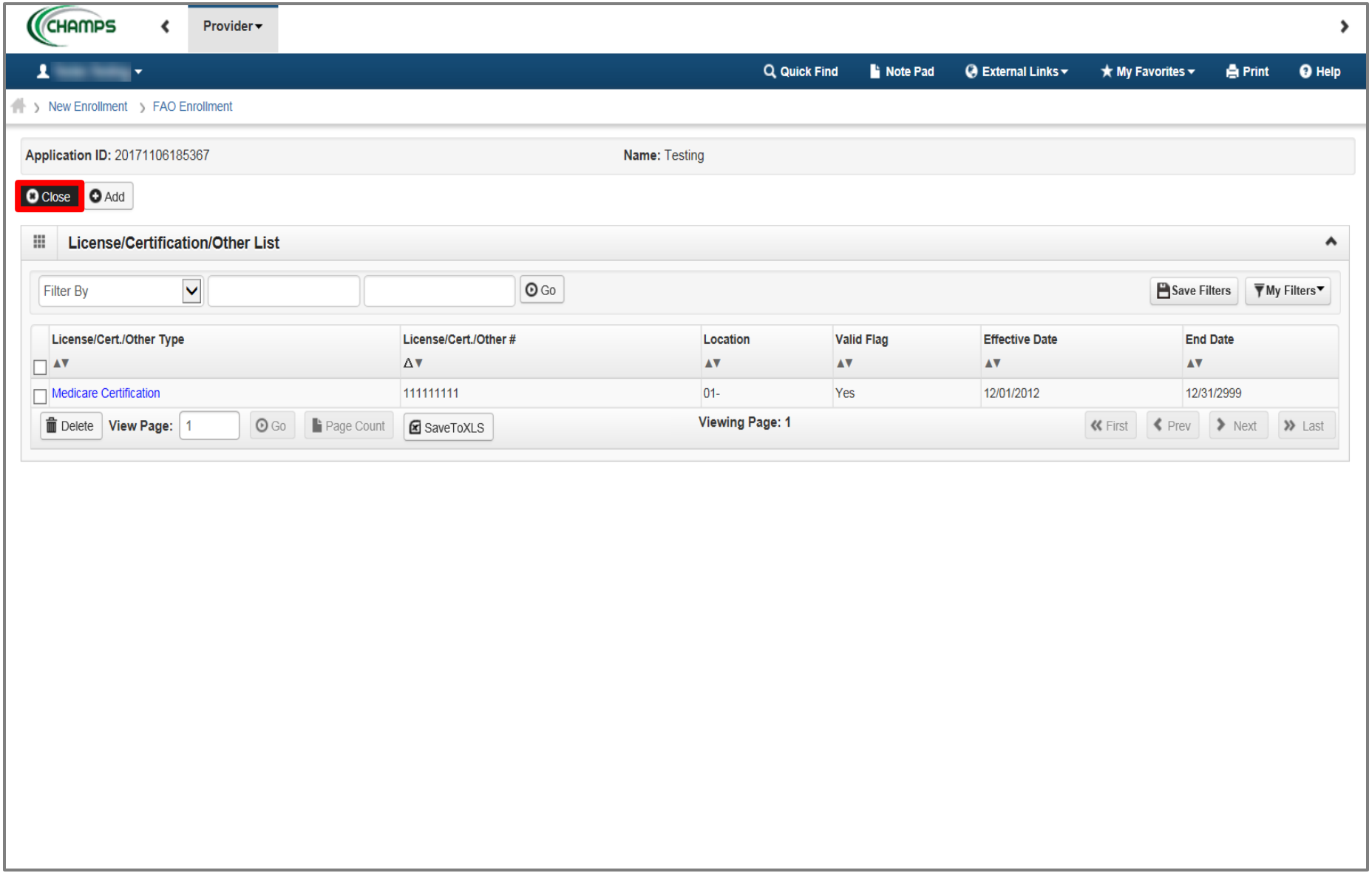
- Step 4 is complete
- Click on Step 5: Add License/Certification/Other


CHAMPS
Provider
Quick Find
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
FAO Enrollment
Application ID: 20171106185367
Name: Testing
Close
Add
License/Certification/Other List
Filter By
Go
Save Filters
My Filters
License/Cert./Other Type
License/Cert./Other #
Valid Flag
Effective Date
End Date
No Records Found !

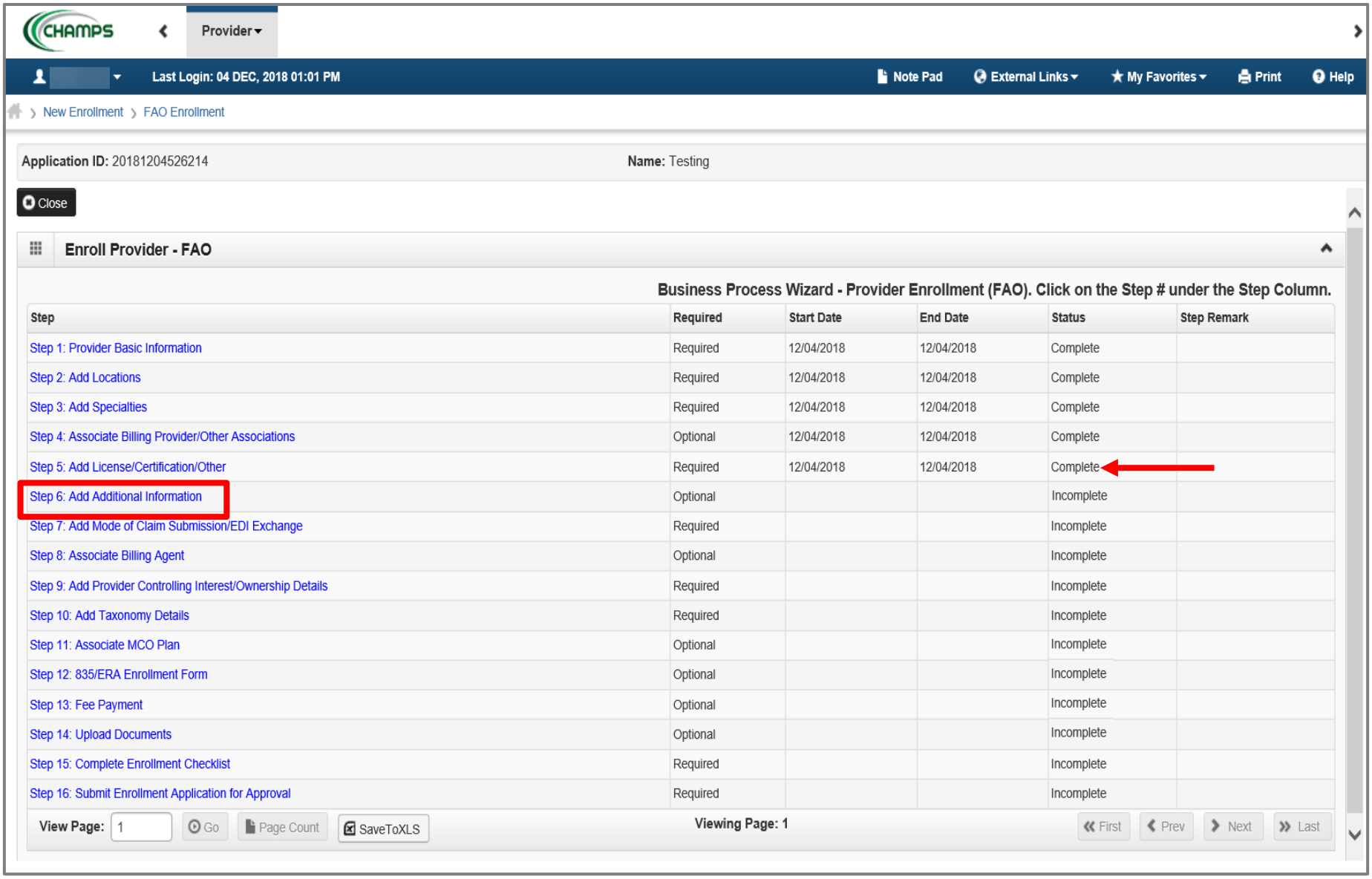
- Click Add



- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok

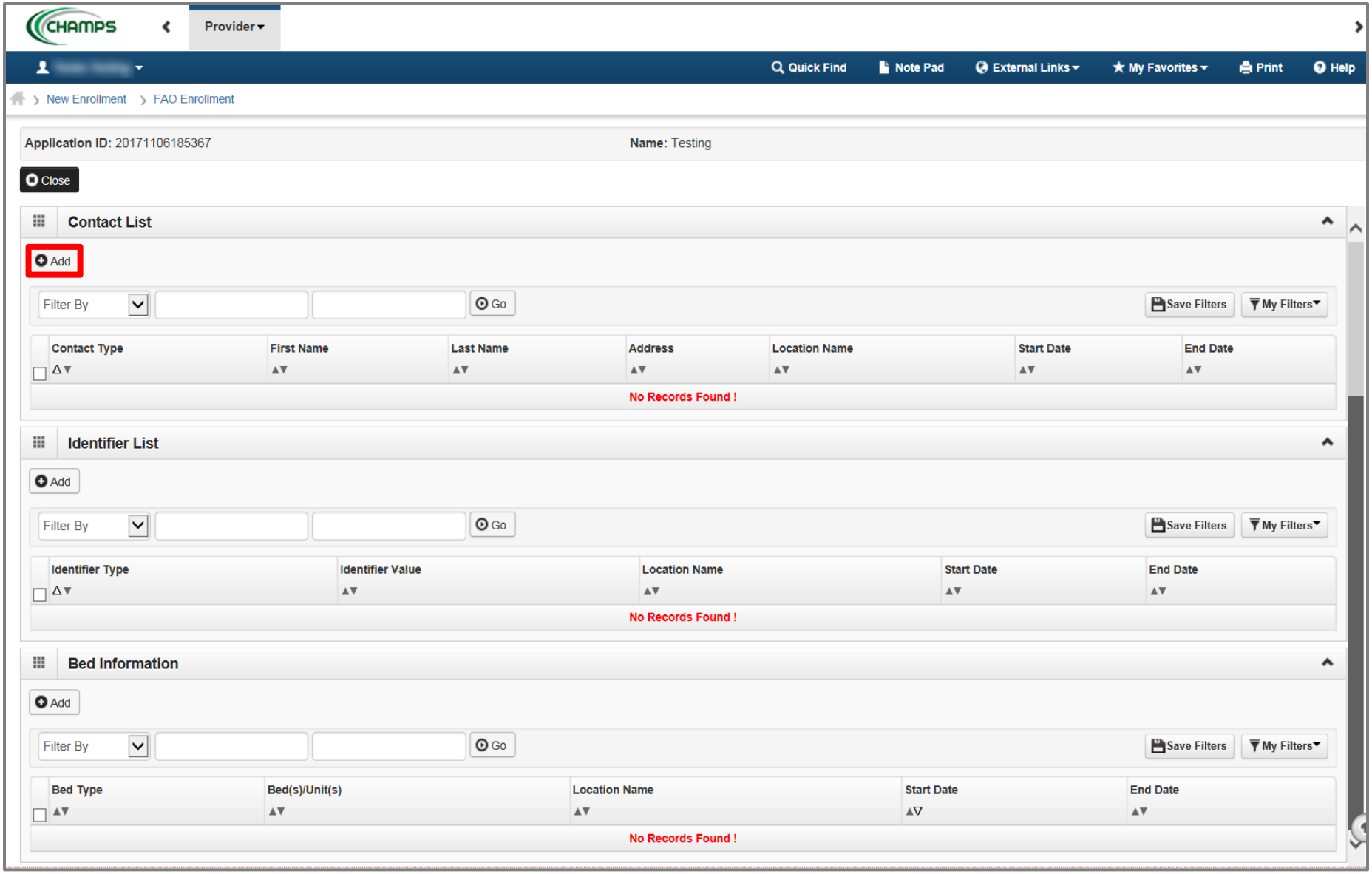


- The License/Certification/Other information will now be displayed
- To add another License/Certification repeat the same process
- Click Close



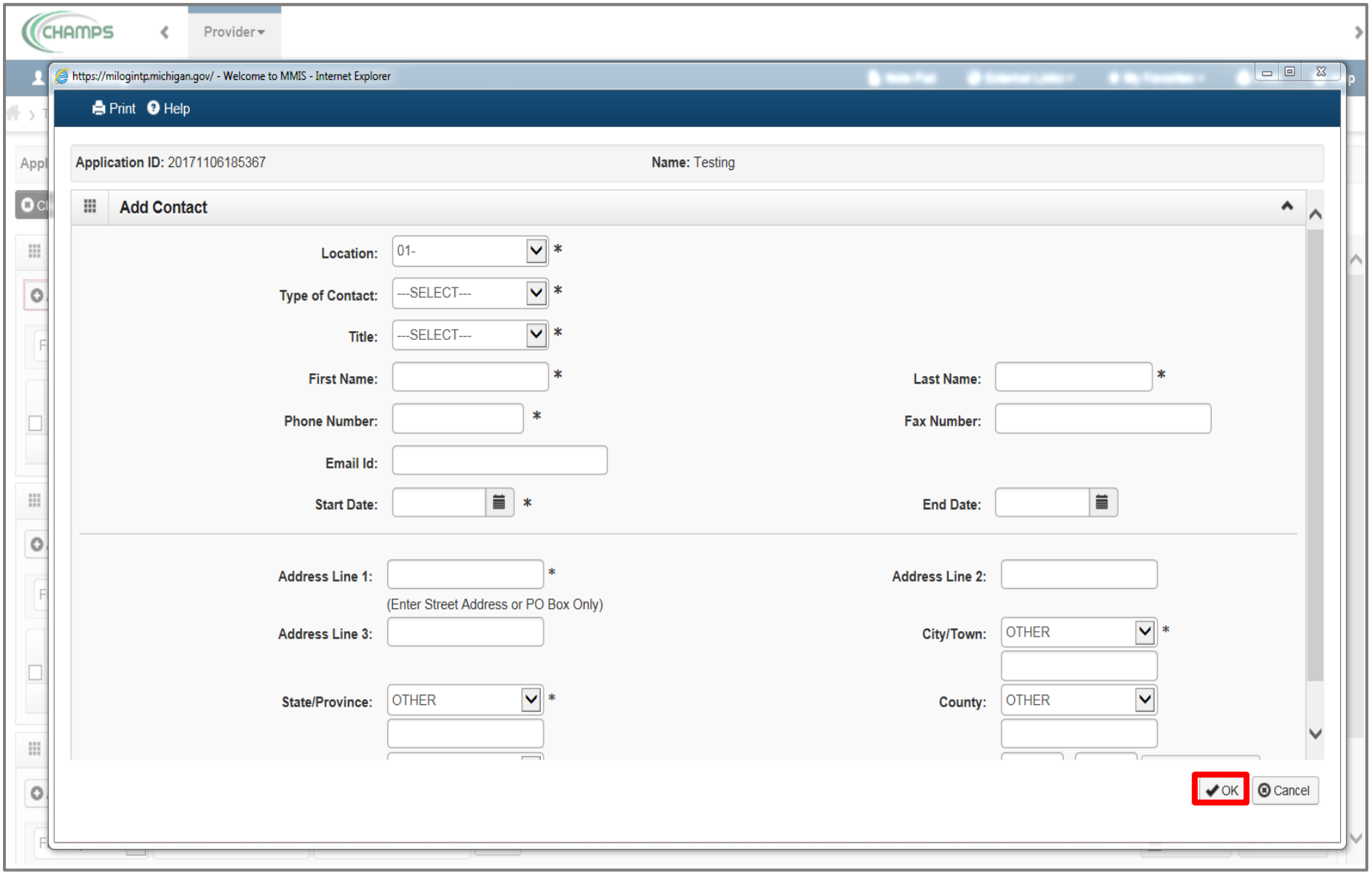
- Step 5 is complete
- Click on Step 6: Add Additional Information

(Please Note: Depending on the specialty chosen in step 3, this step may be required)

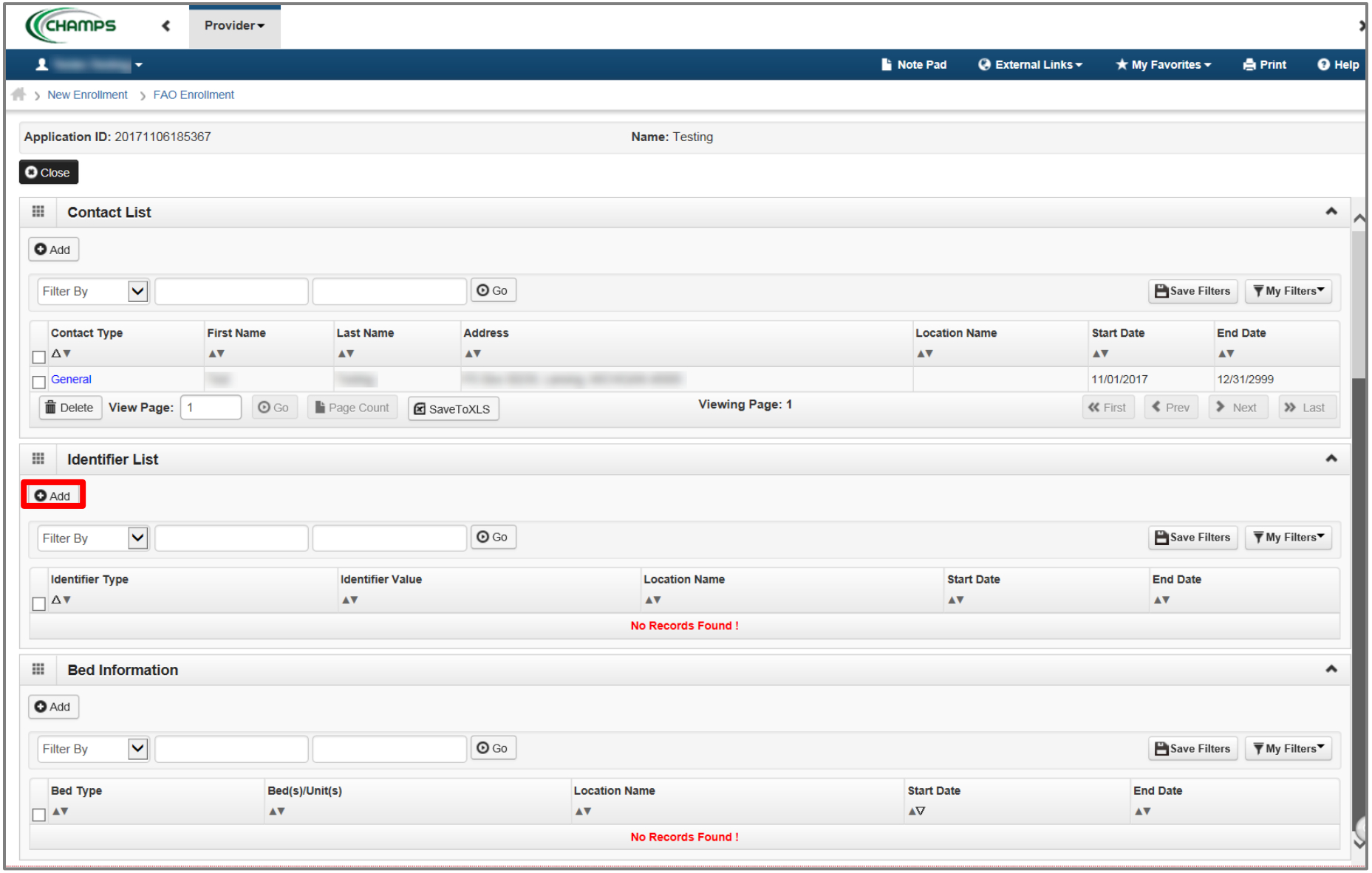


- Under Contact List, click Add

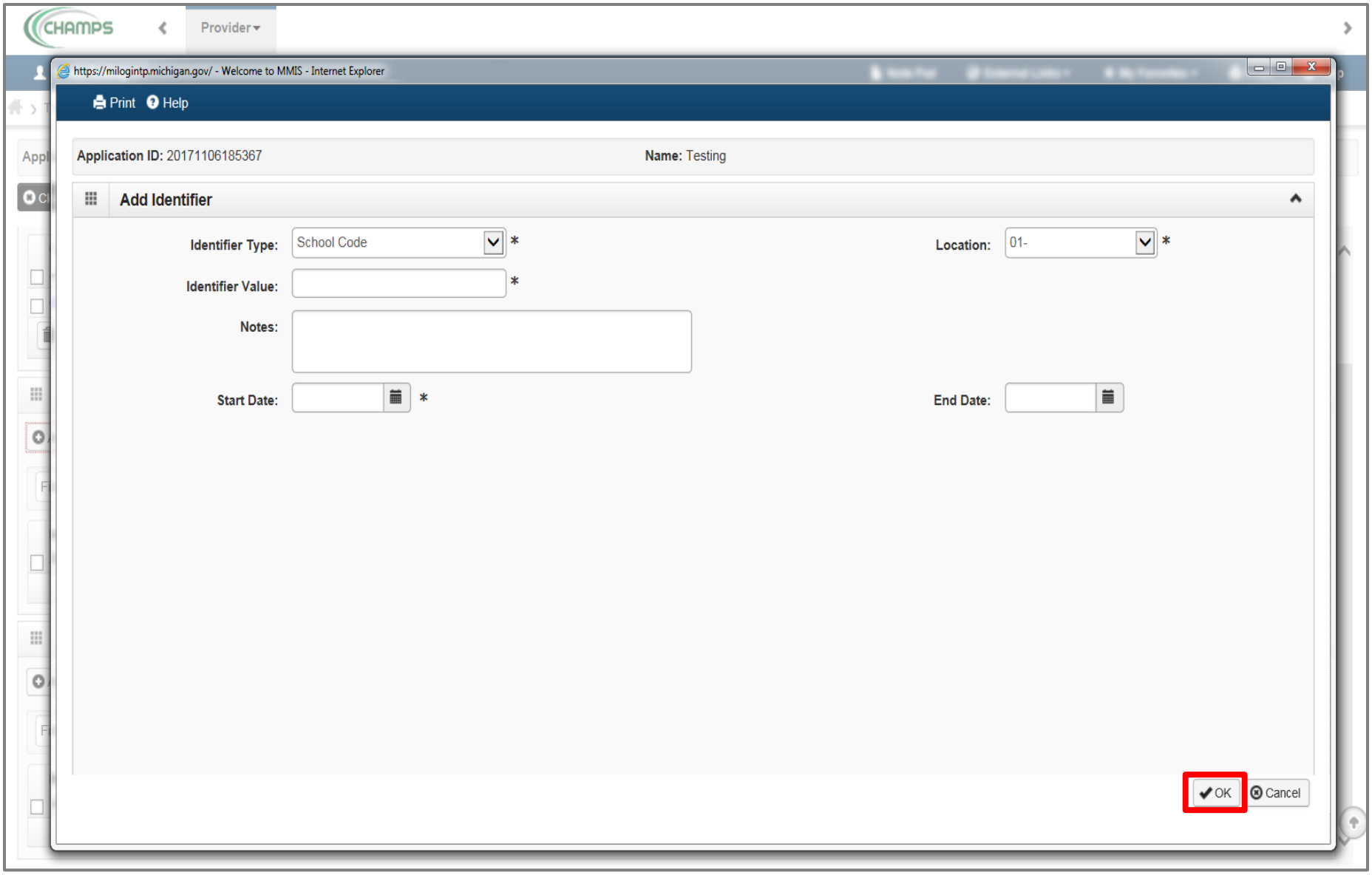
(Please Note: Providers have to at least fill in the General contact for Type of Contact. These contacts can be the same as the Owners.)



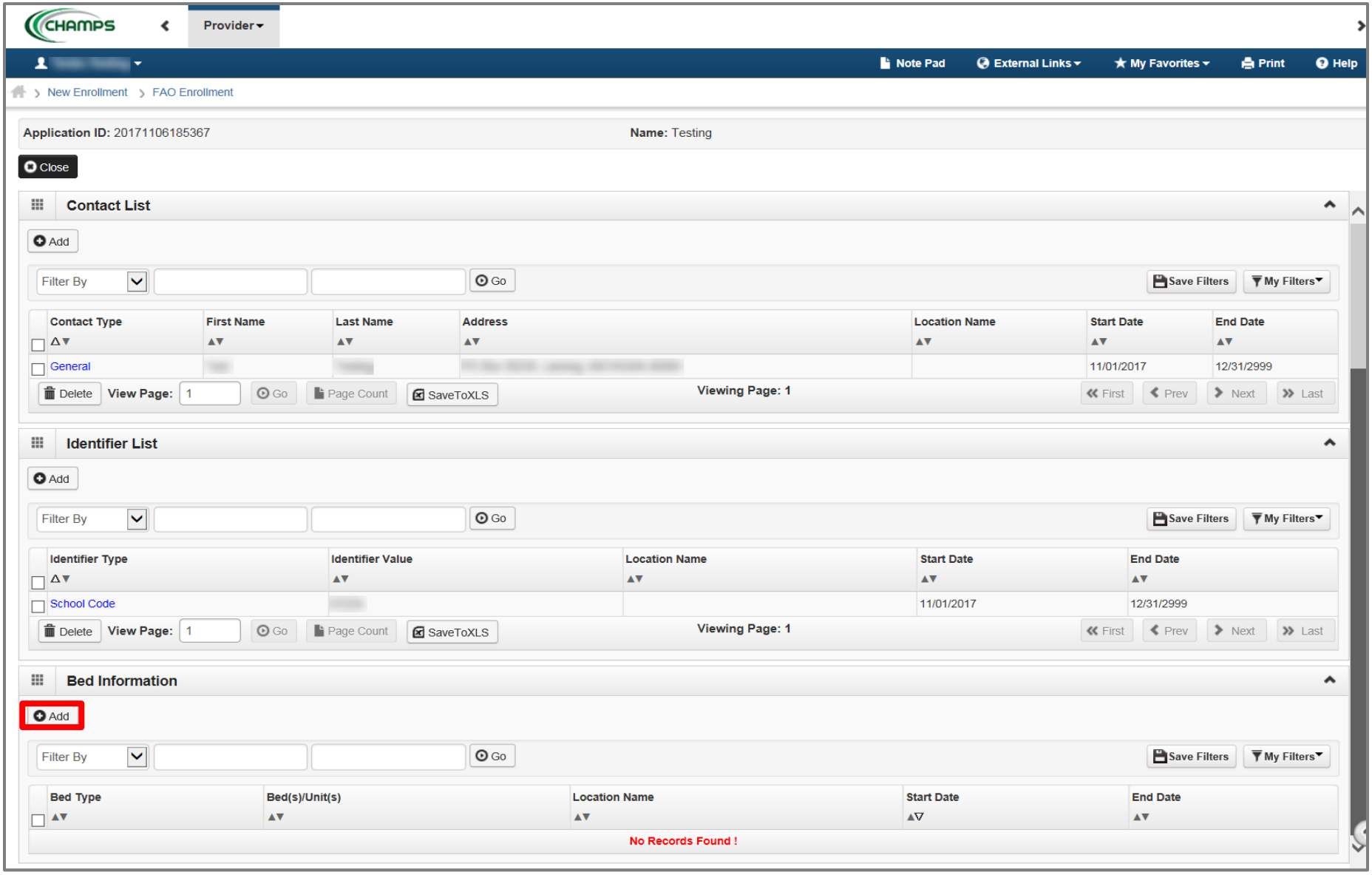
- Complete all fields marked with an asterisk (*)
- Click Validate Address *(Please Note: you should receive confirmation "Address Validation Successful")*
- Click Ok



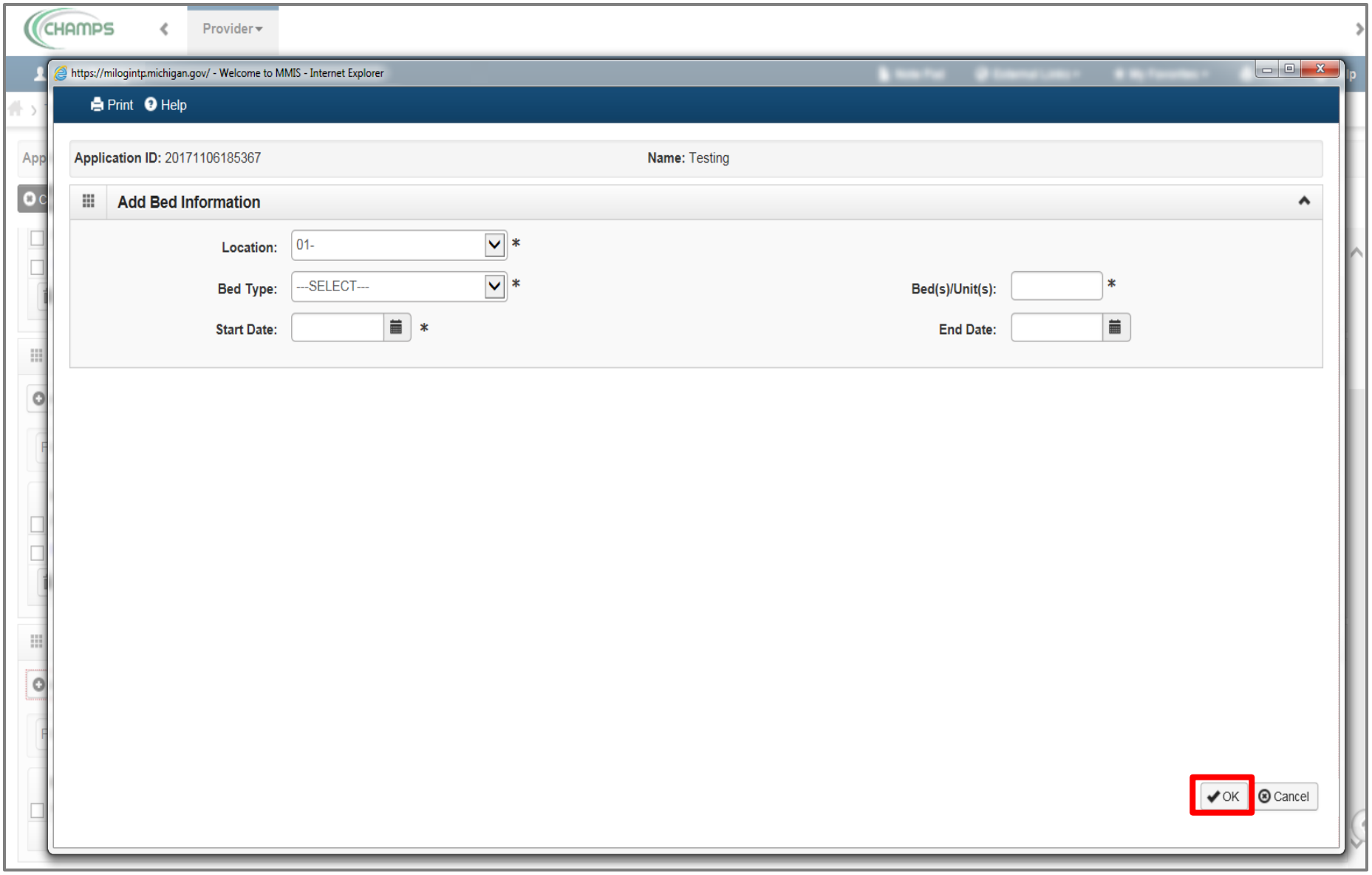
- Under Identifier List, click Add



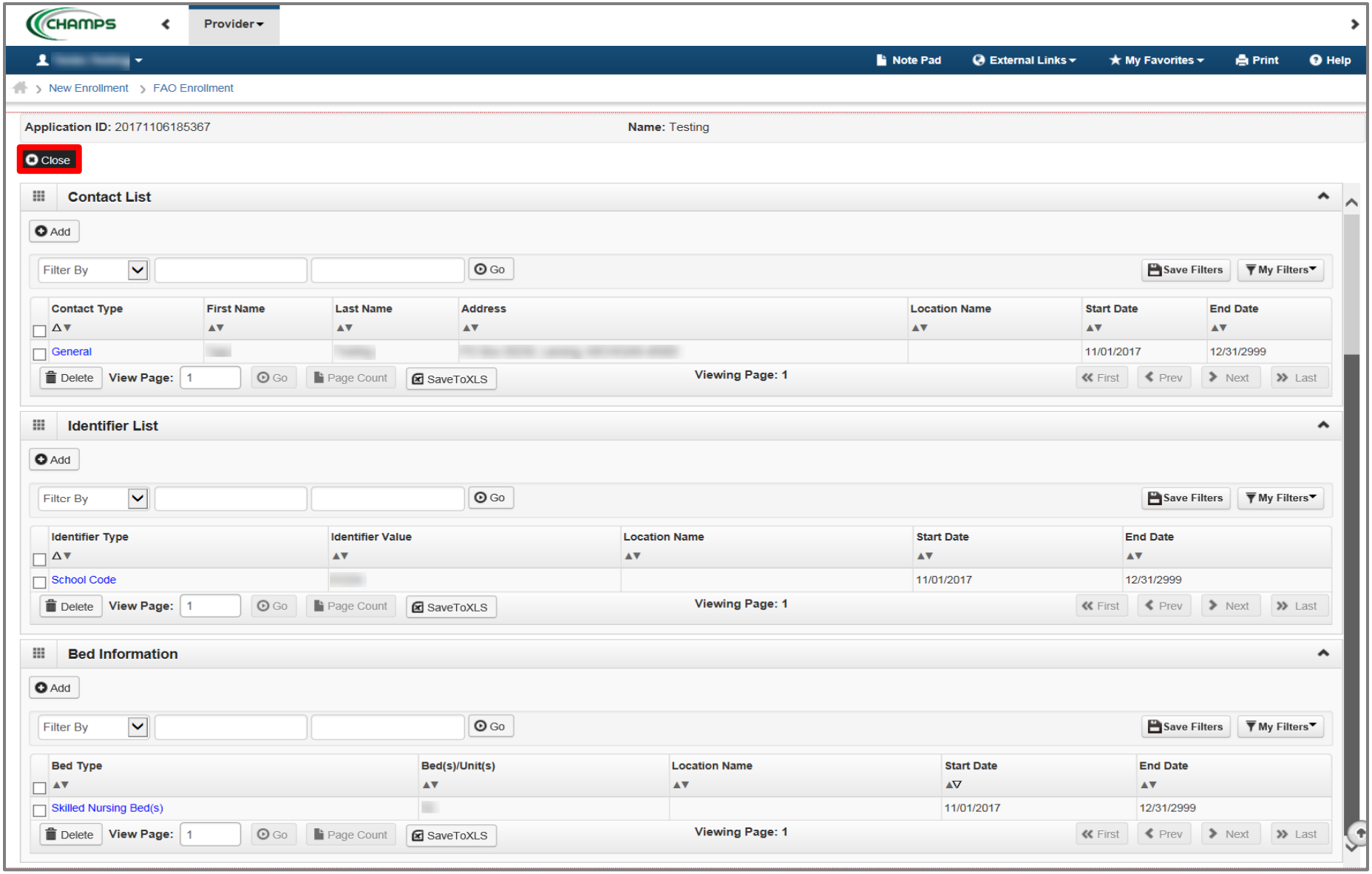
- Complete all fields marked with an asterisk (*)
- Click Ok



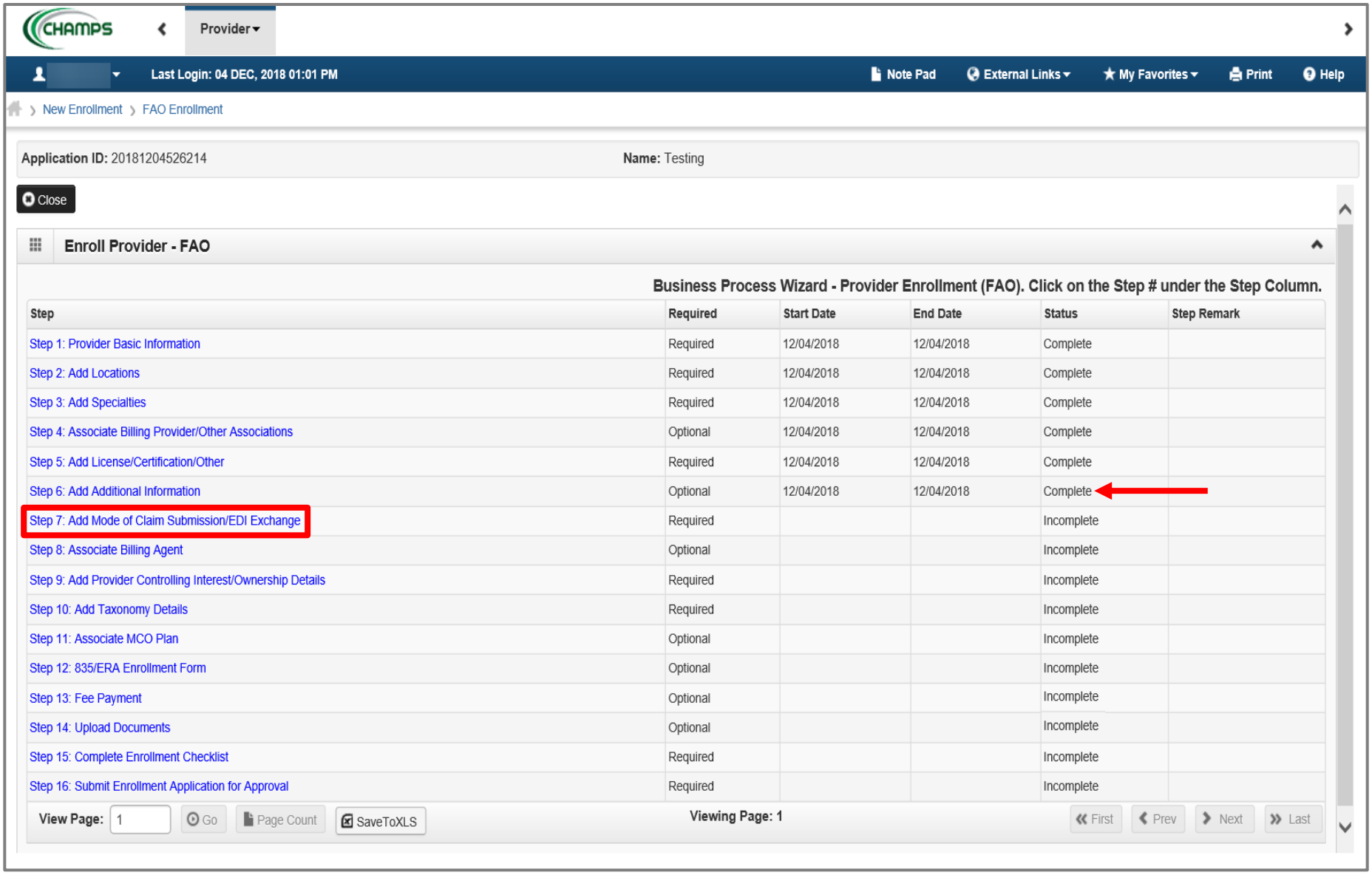
- Bed Information may also be required depending on the specialty
- Under Bed Information, click Add



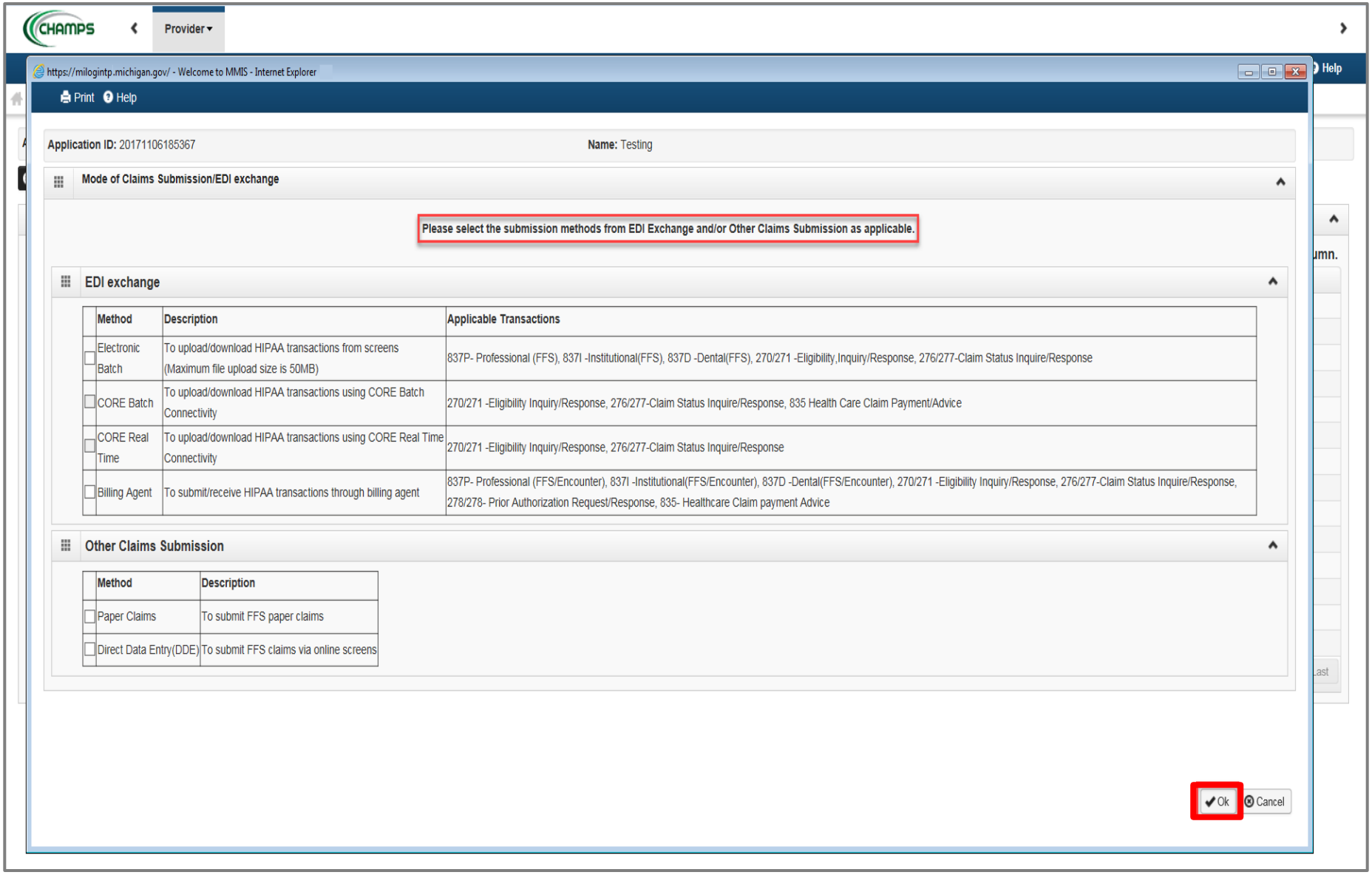
- Complete all fields marked with an asterisk (*)
- Click Ok



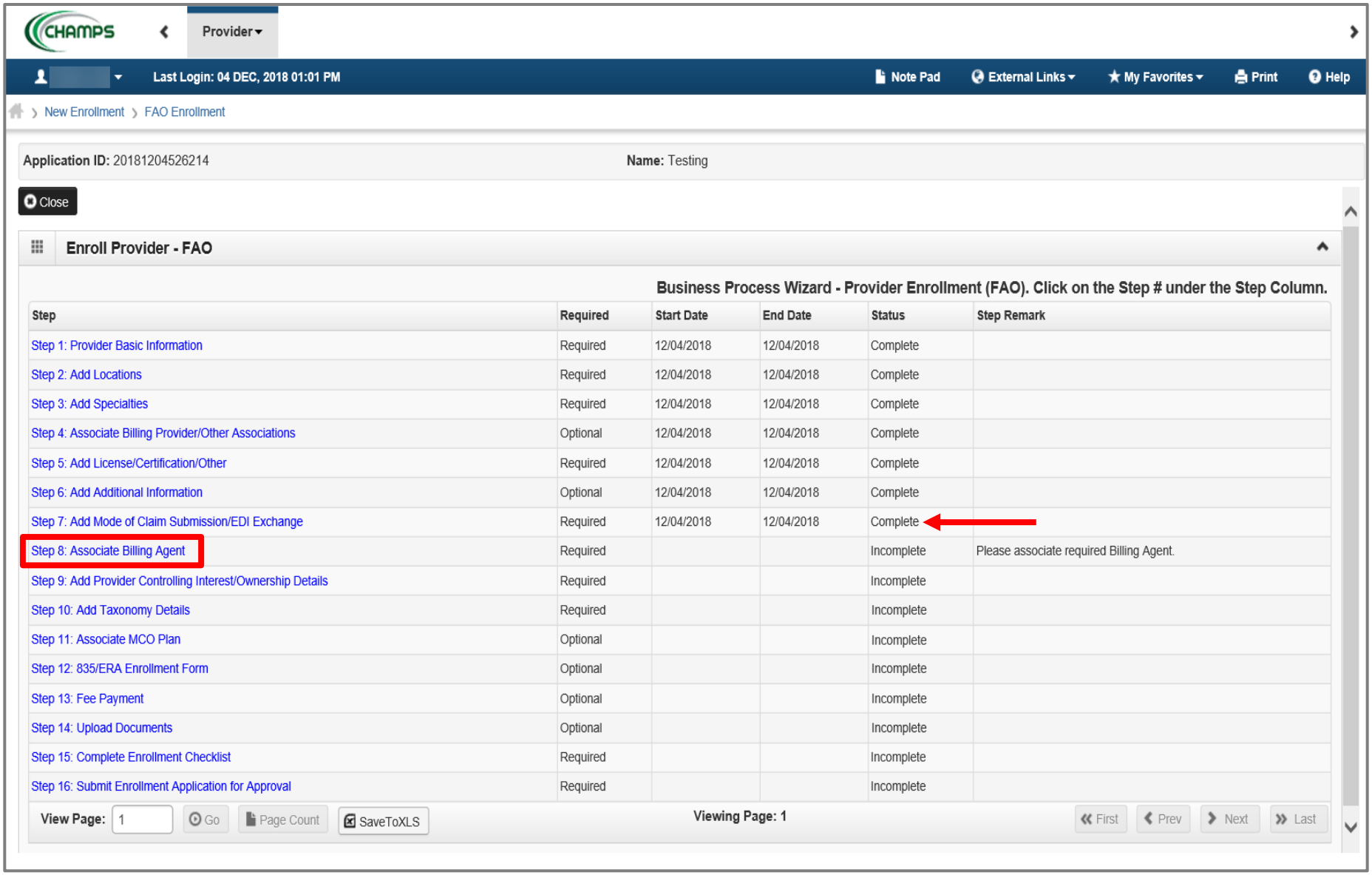
- After required information is complete, click Close



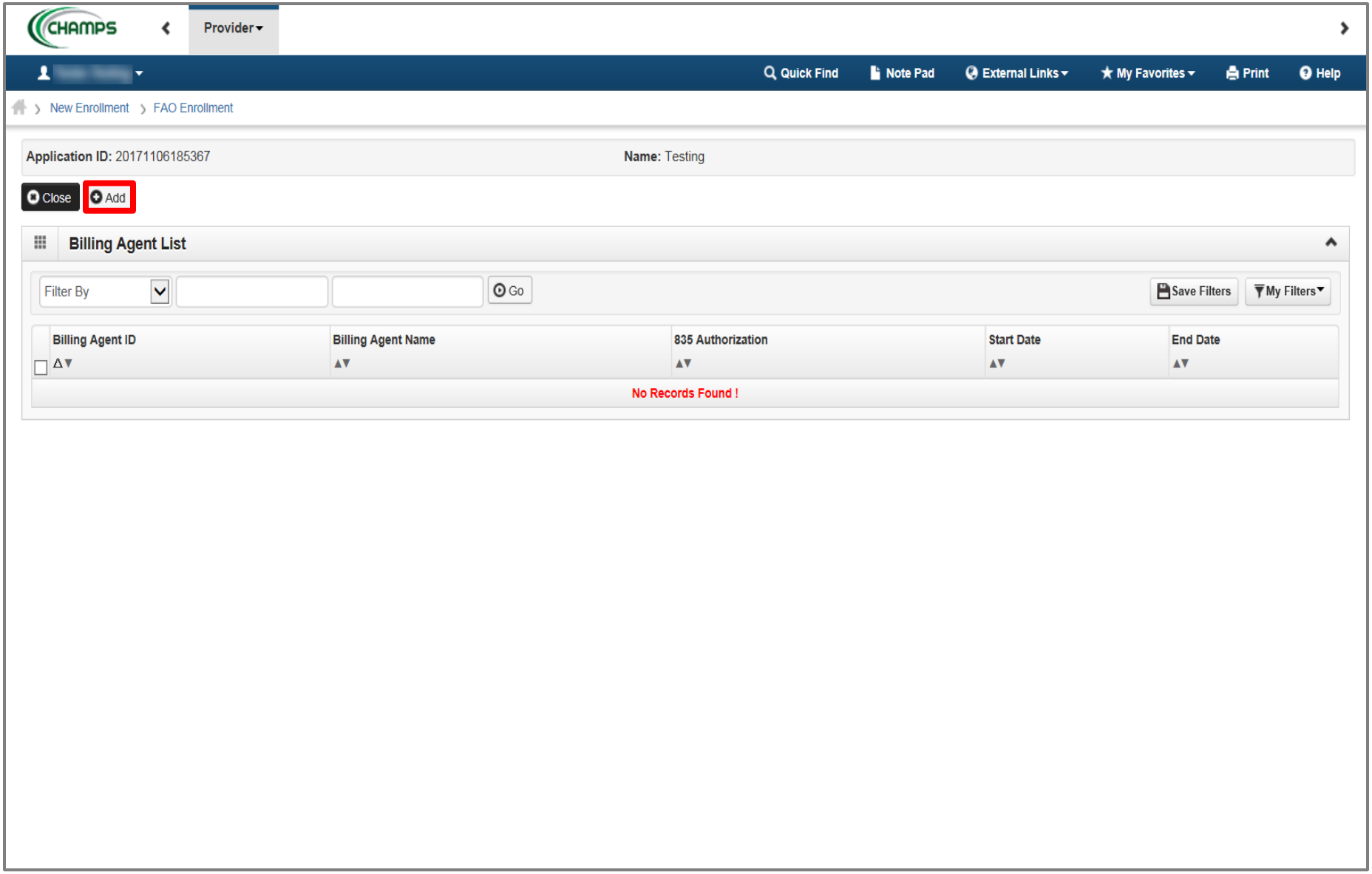
- Step 6 is complete
- Click on Step 7: Add Mode of Claim Submission/EDI Exchange



- Under EDI exchange select appropriate claim submission method(s)
- Under Other Claims Submission select appropriate claim submission method(s)
- Click Ok



- Step 7 is complete
- Click on Step 8: Associate Billing Agent



- Click Add

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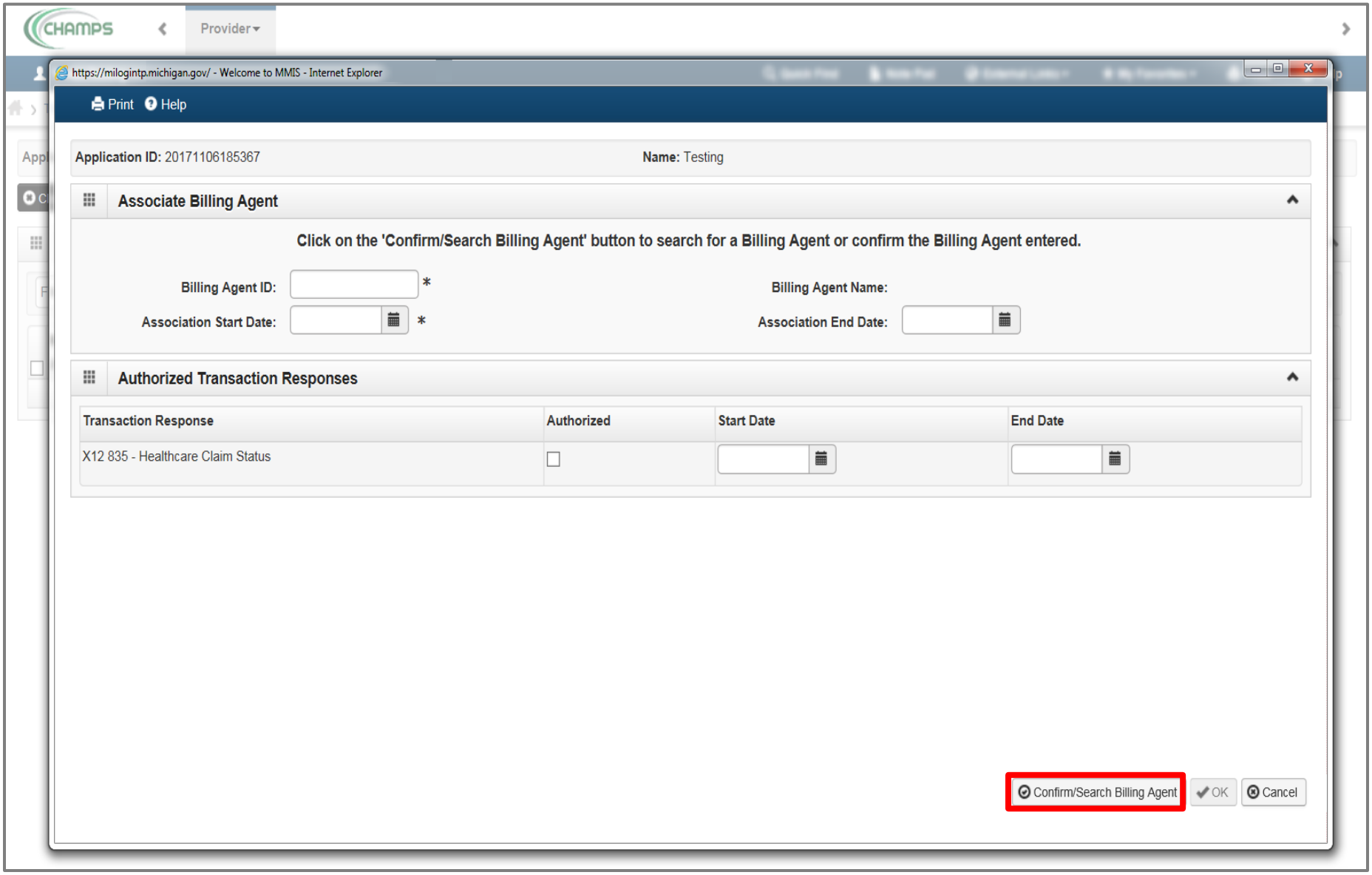
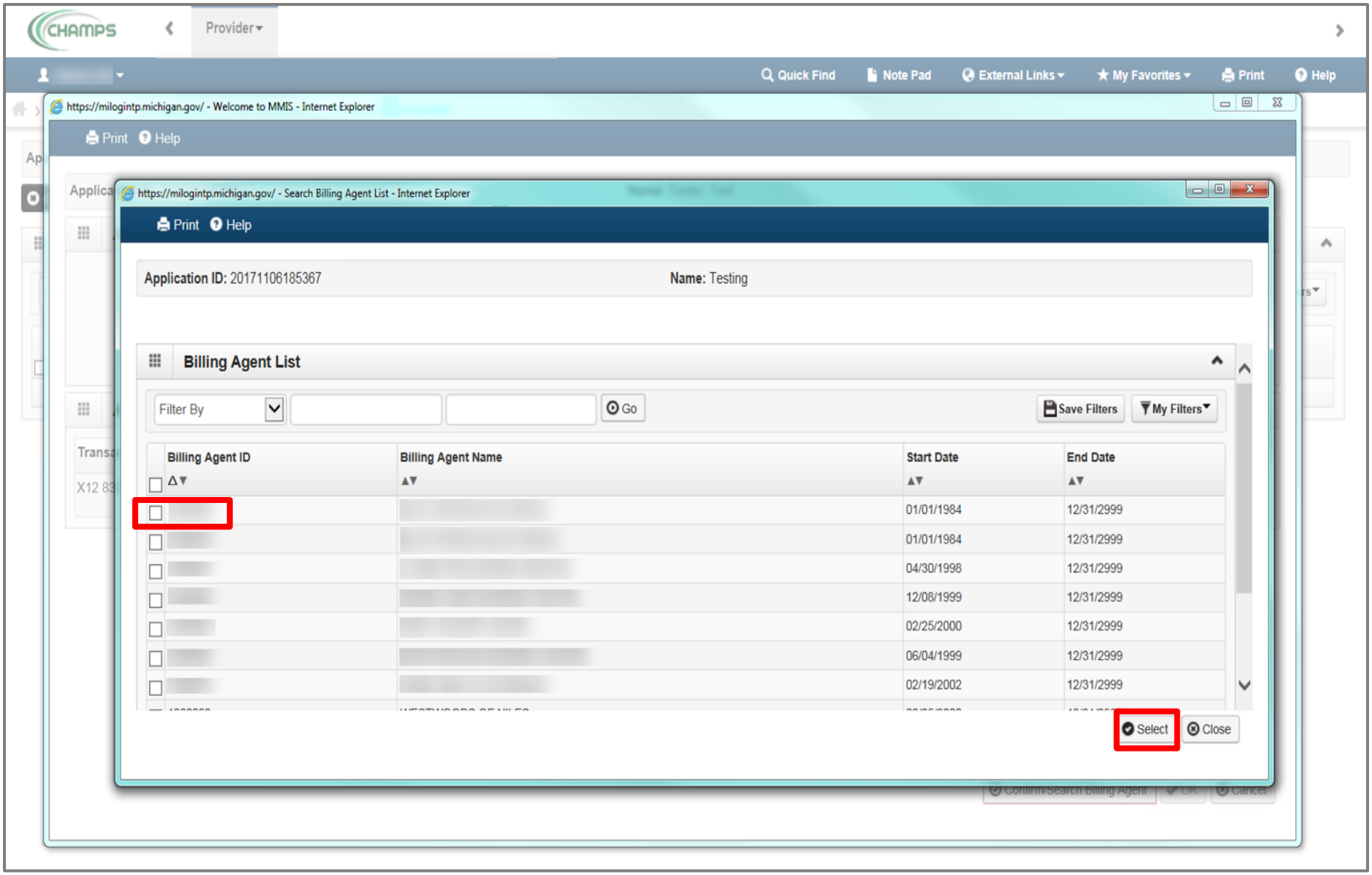
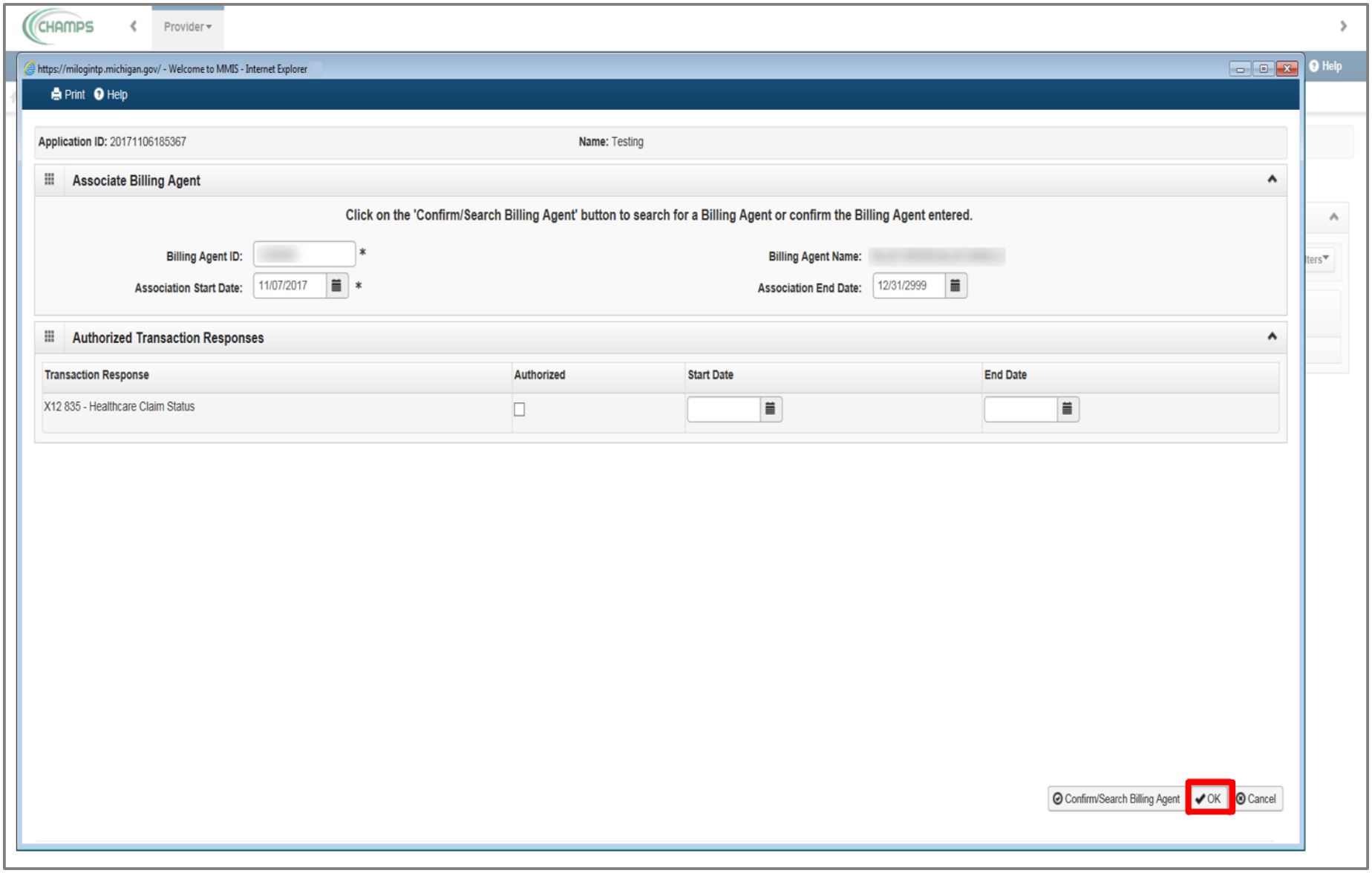


- To locate Billing Agent information, click Confirm/Search Billing Agent

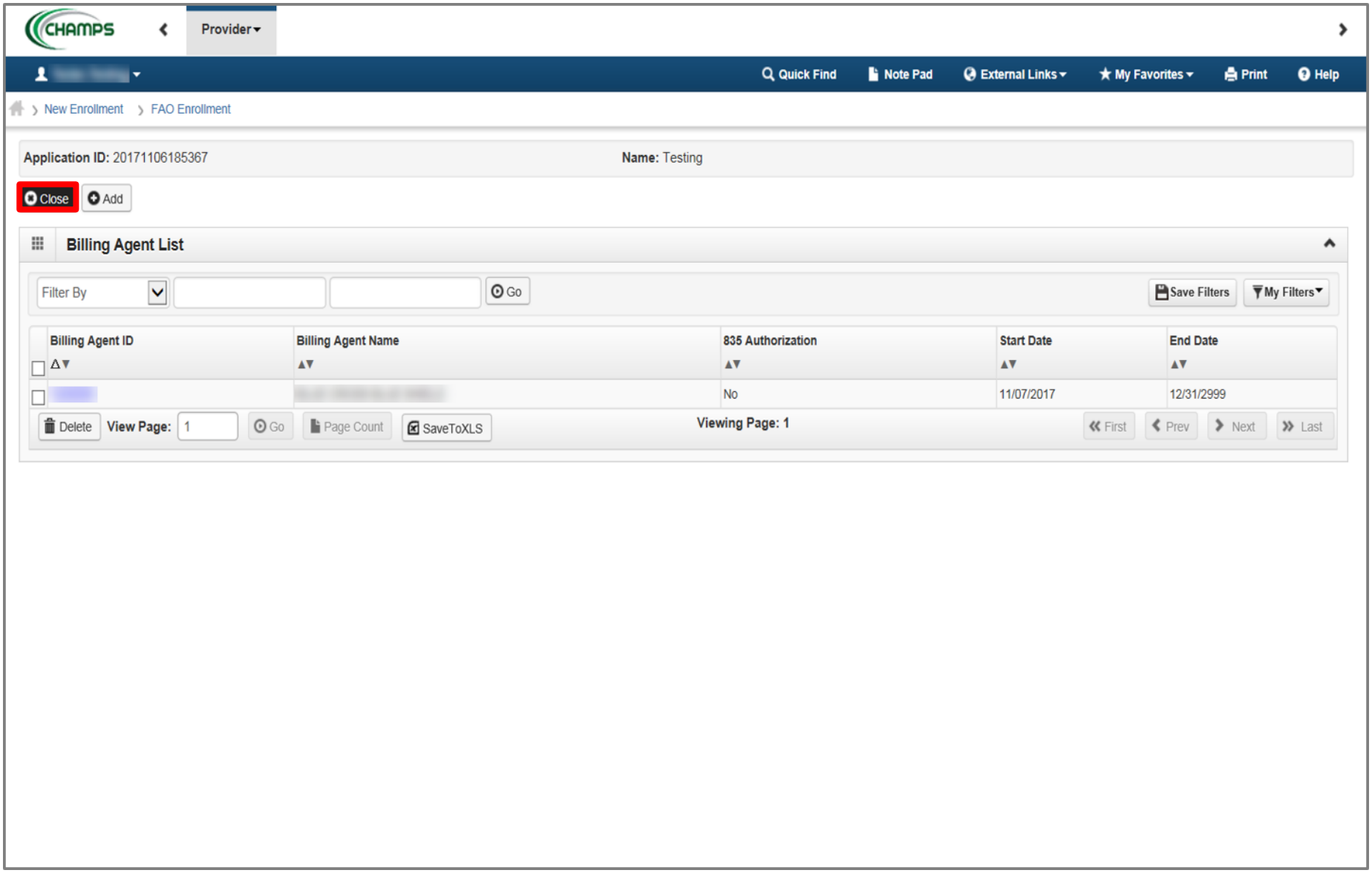


- Check the box next to the Billing Agent you want to select

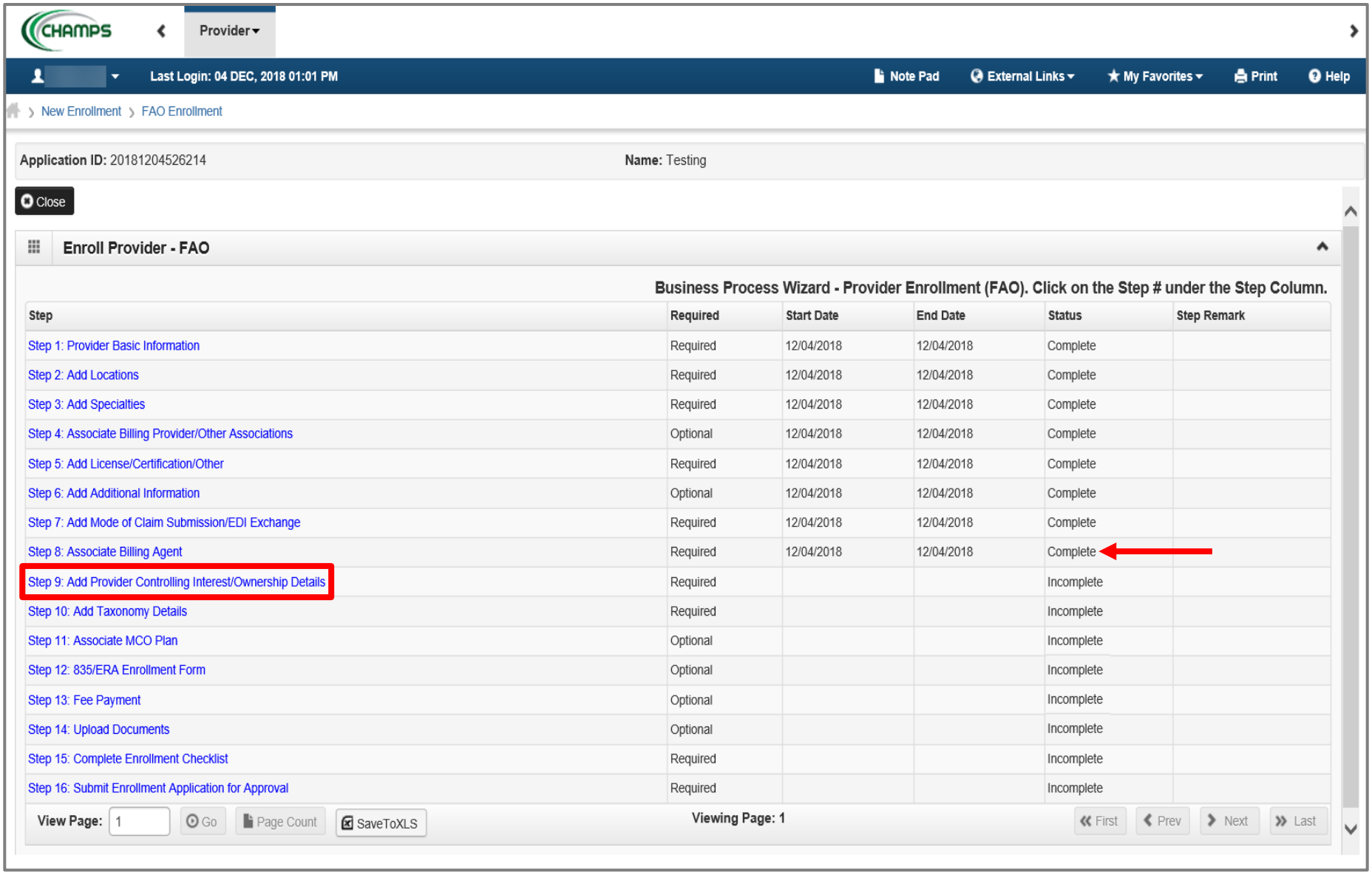
  (Please Note: There is more than one page of Billing Agents; you may select more than one)
- Click Select



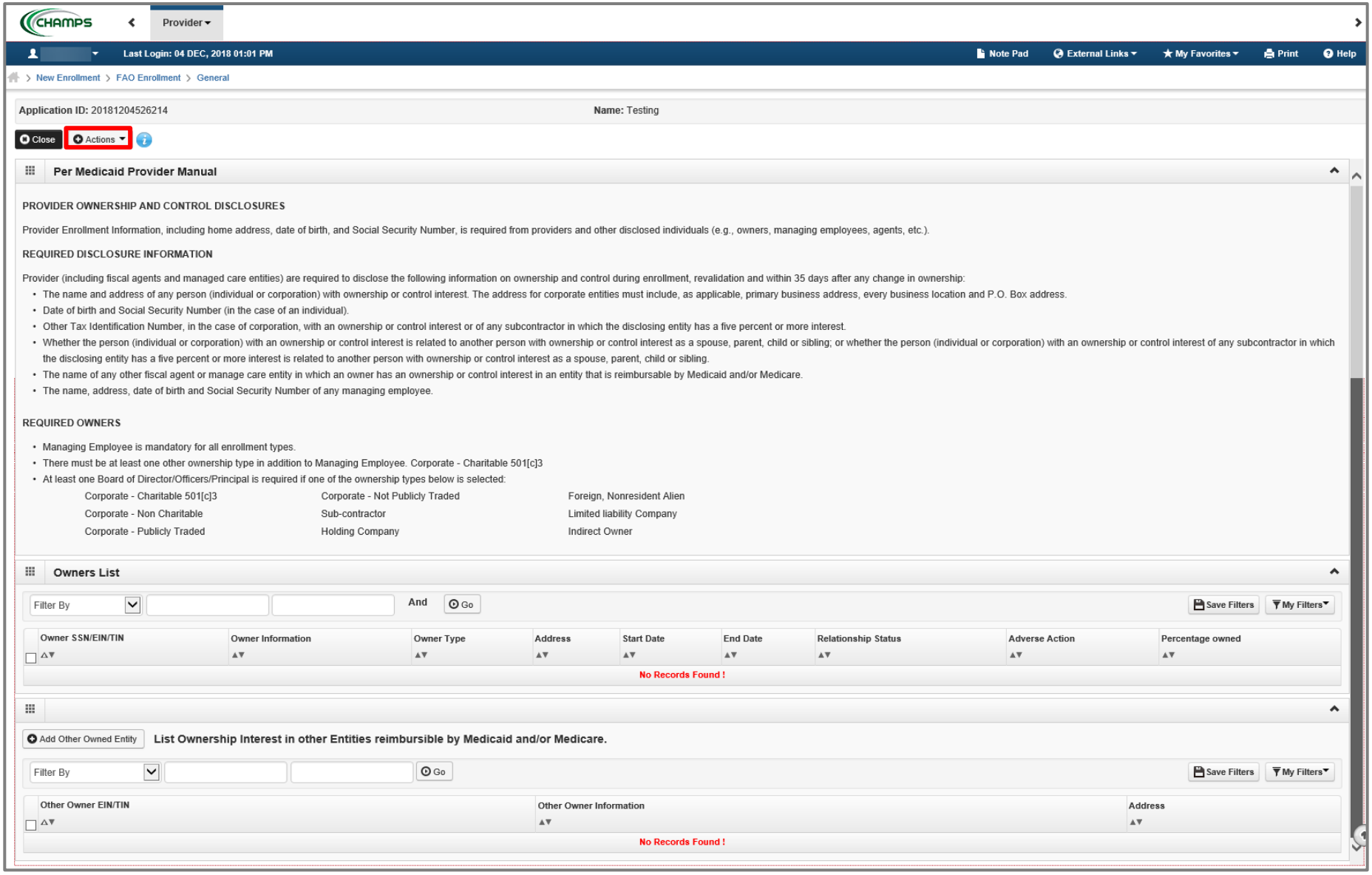
- Billing Agent information will populate
- Click Ok



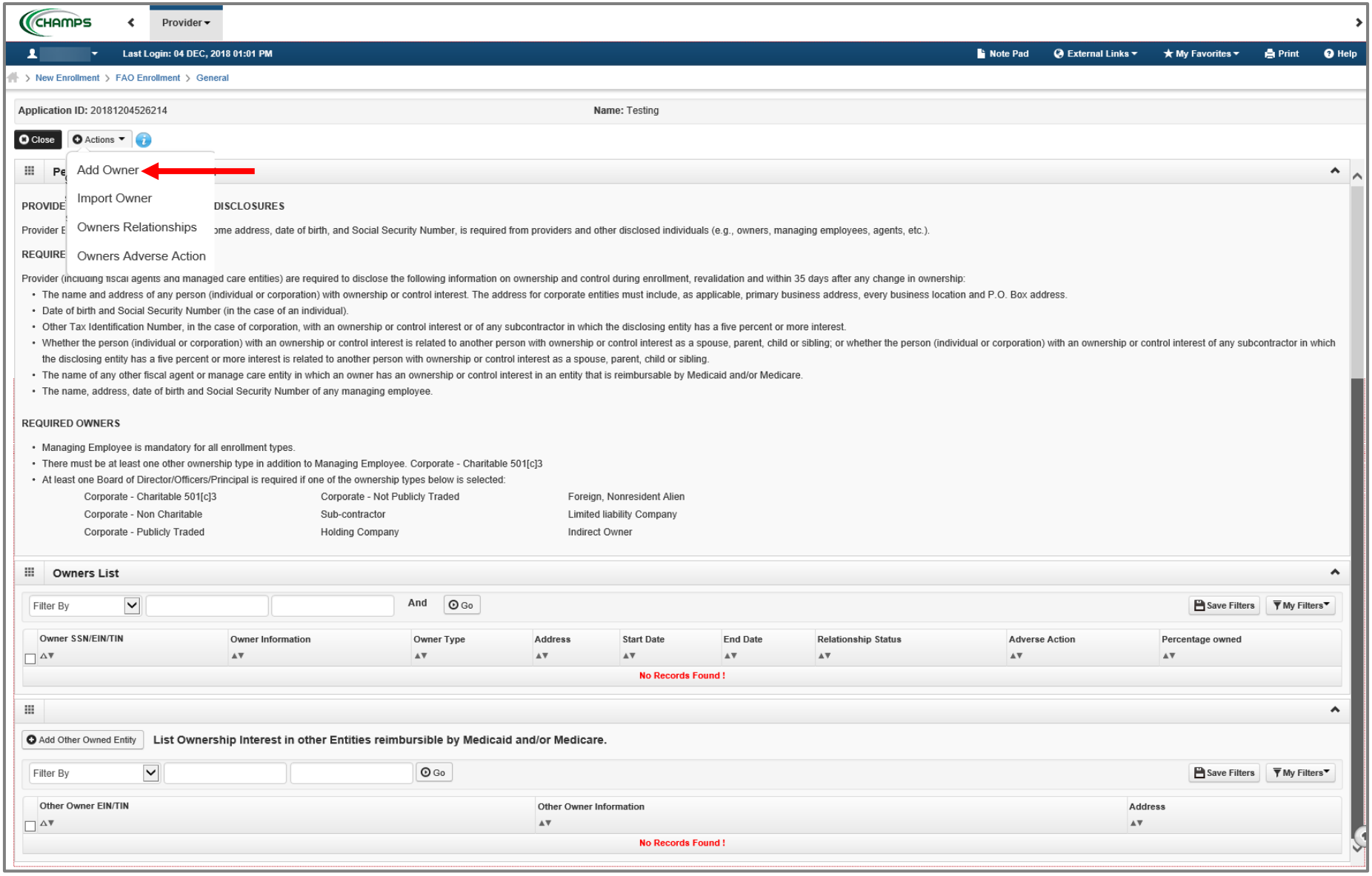
- Billing Agent information has been added
- Click Close



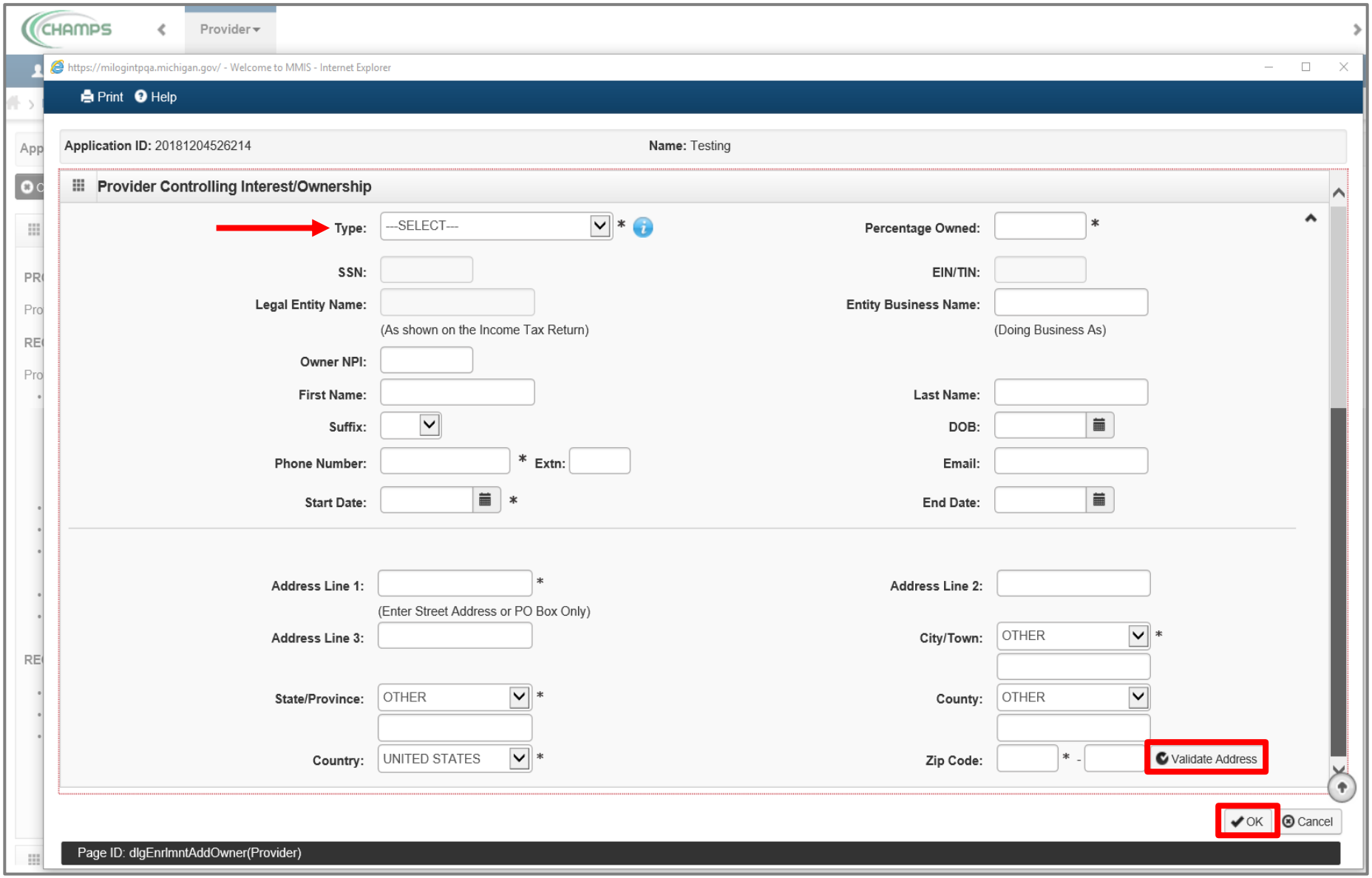
- Step 8 is complete
- Click on Step 9: Add Provider Controlling Interest/Ownership Details
  - **The screens for this step were updated 12/14/18*



- To enter owner information, click Actions

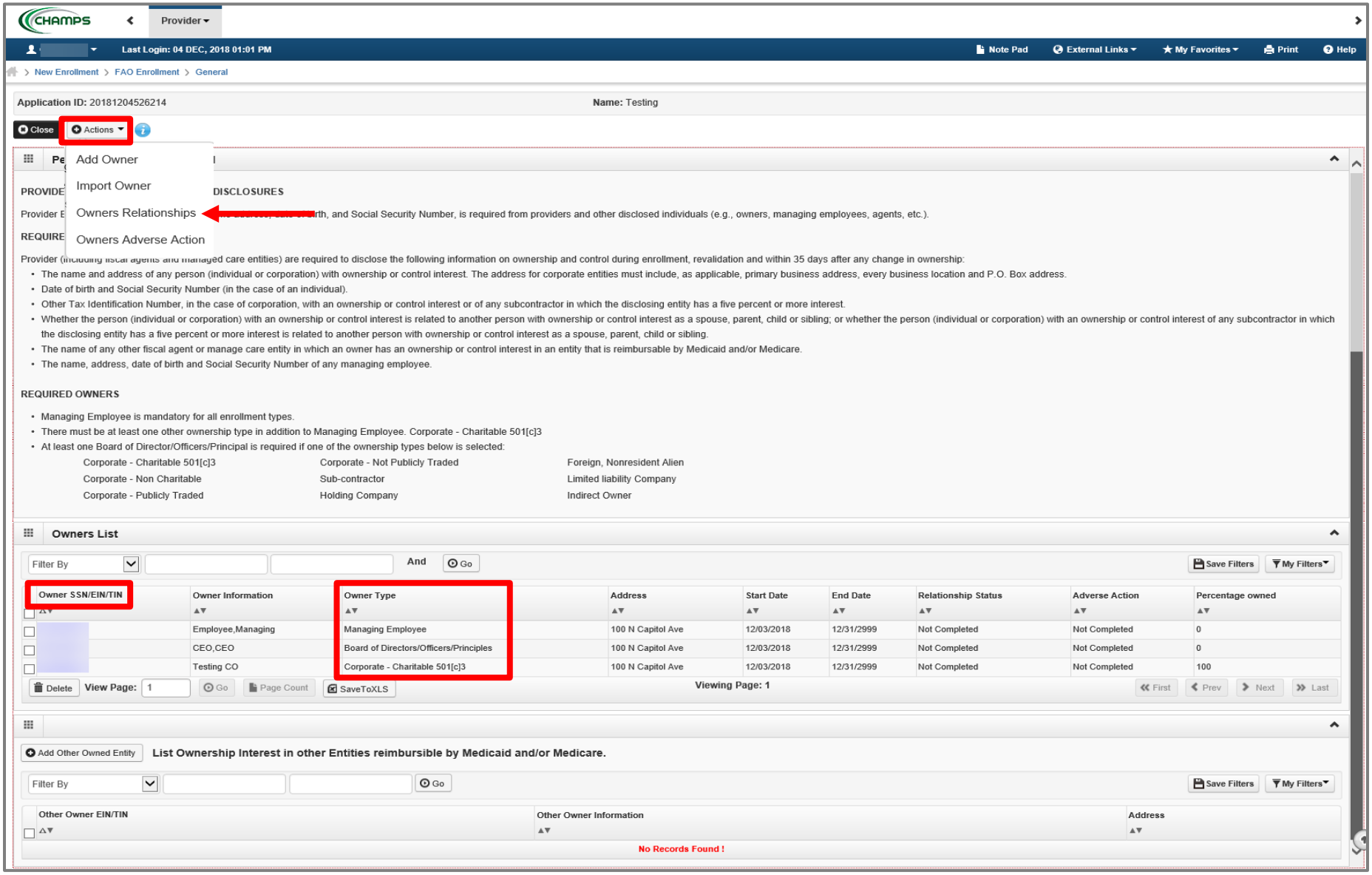


- Select Add Owner

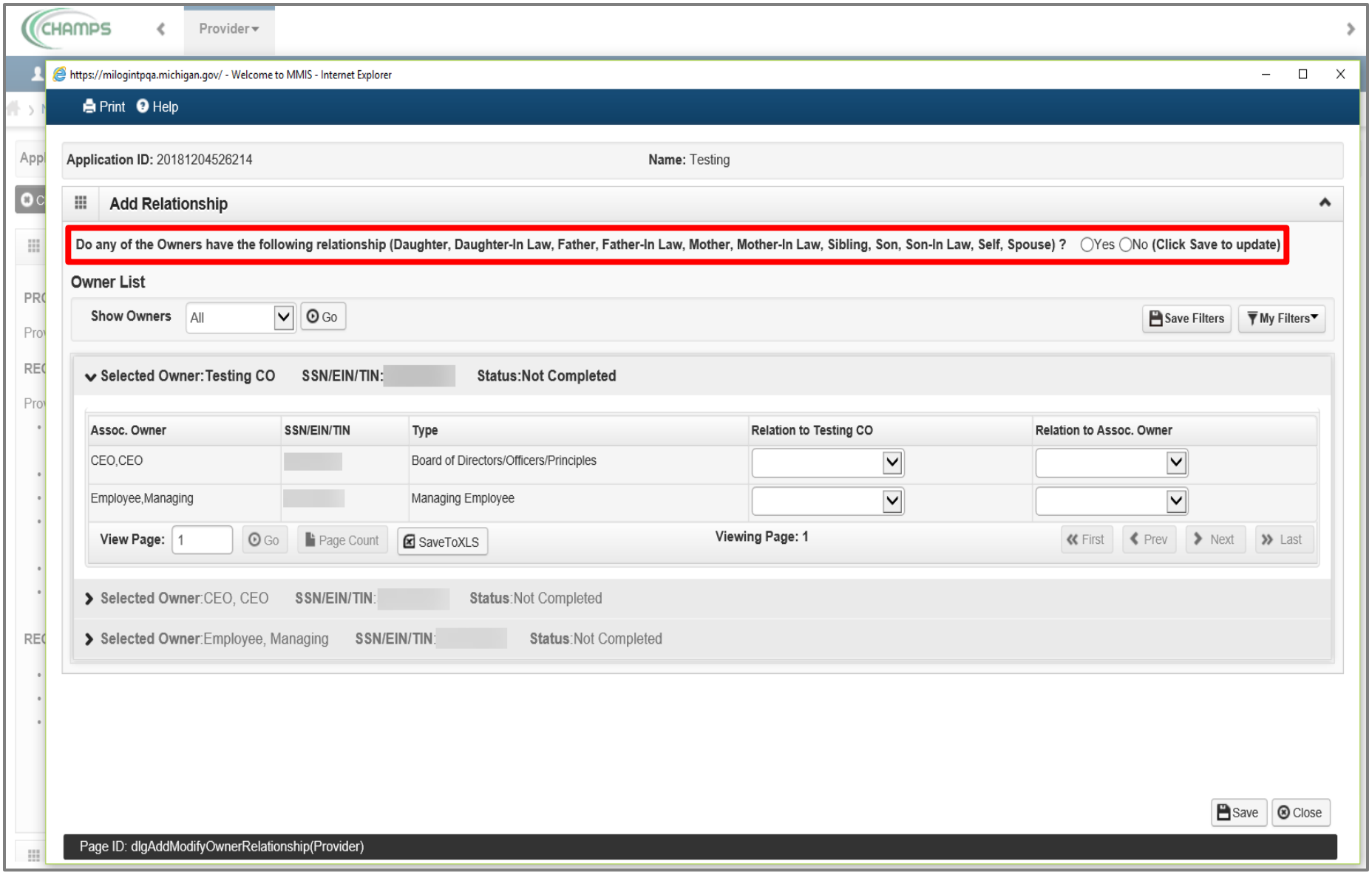


- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address

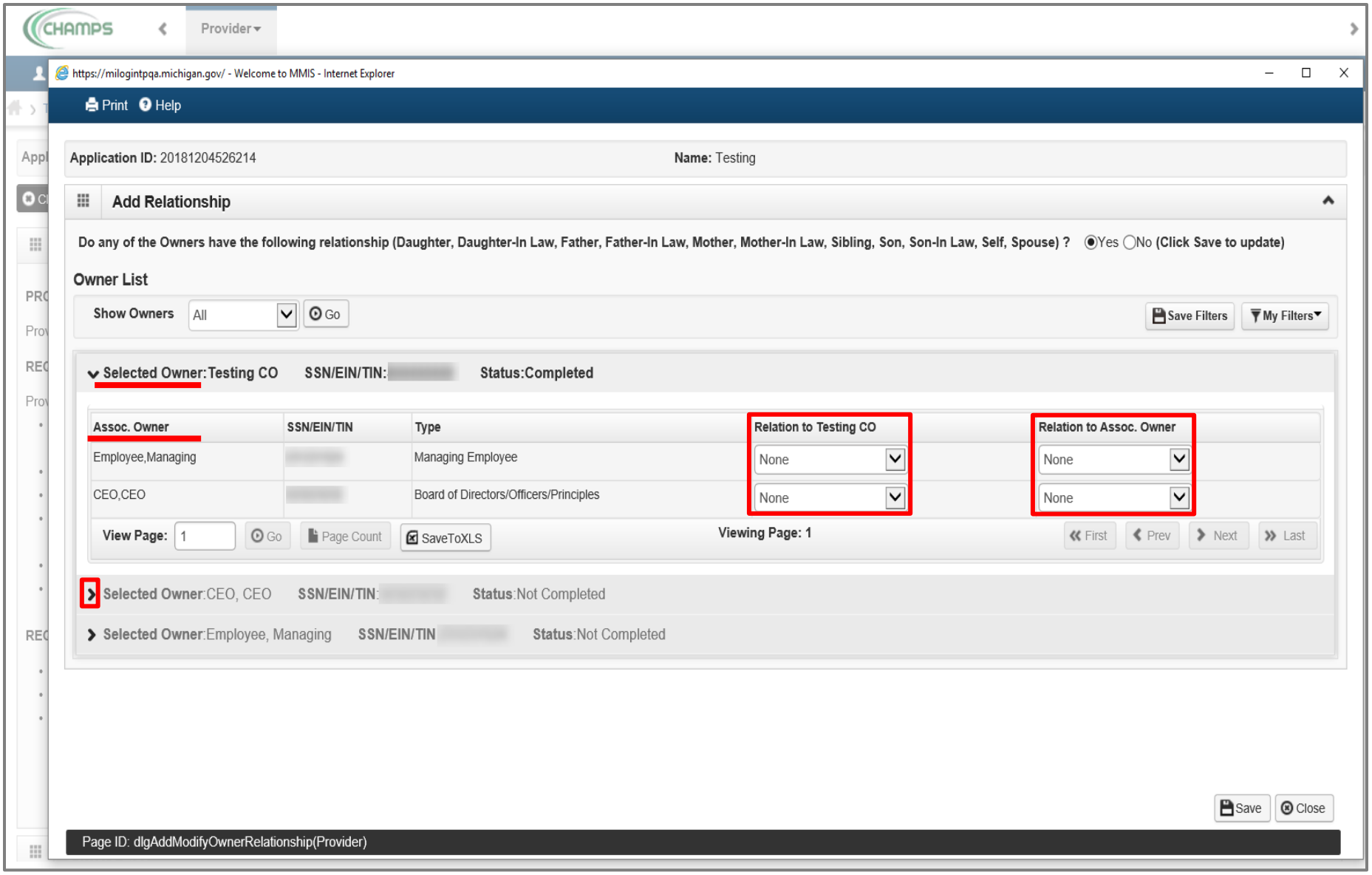
  (Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok



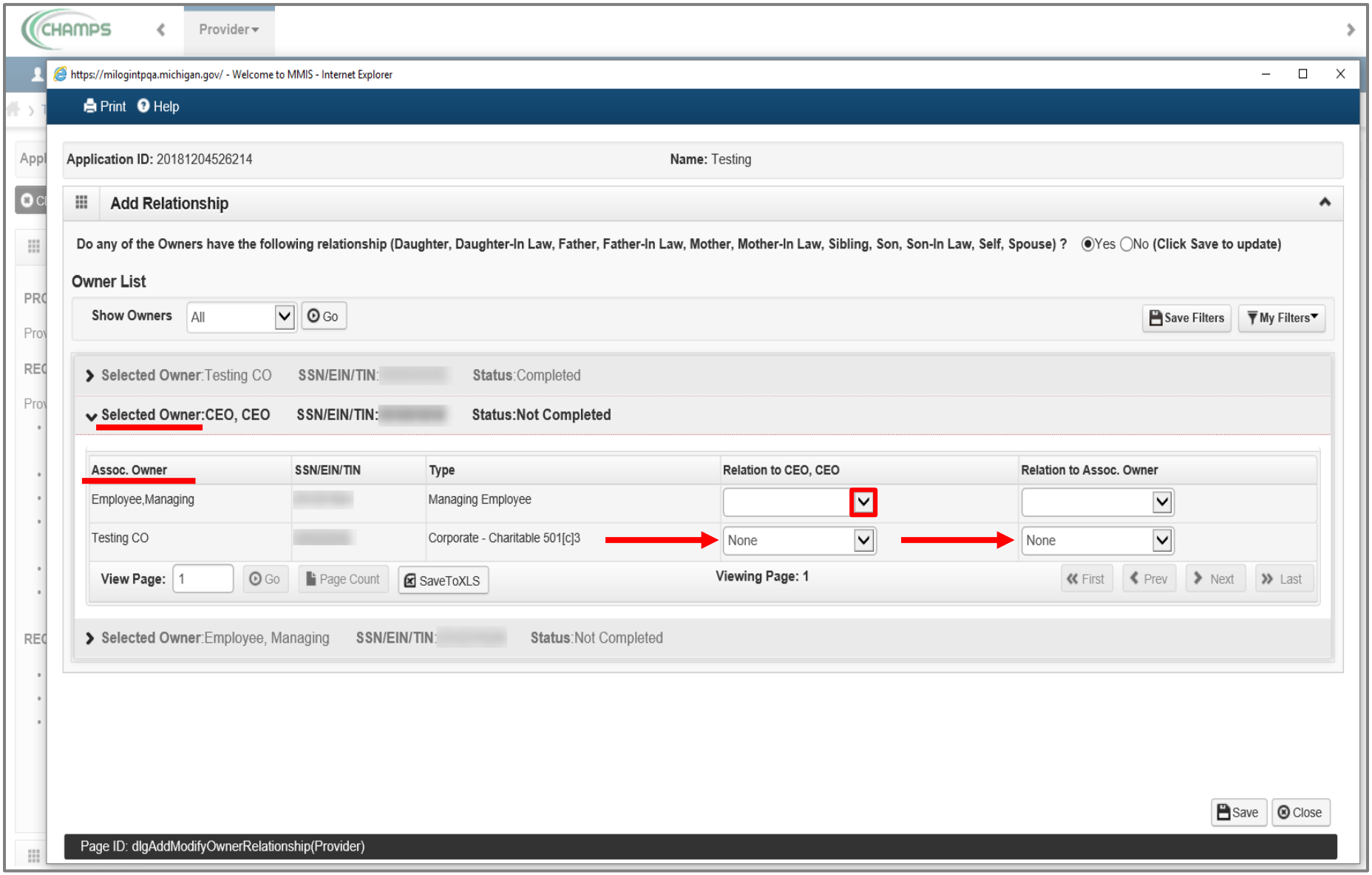
- Added Owner(s) will be listed. Click on Add Owner until all required Owner Types are added.
  - For further clarification on required owner types click here.
- Once complete, click Actions
- Select Owners Relationships



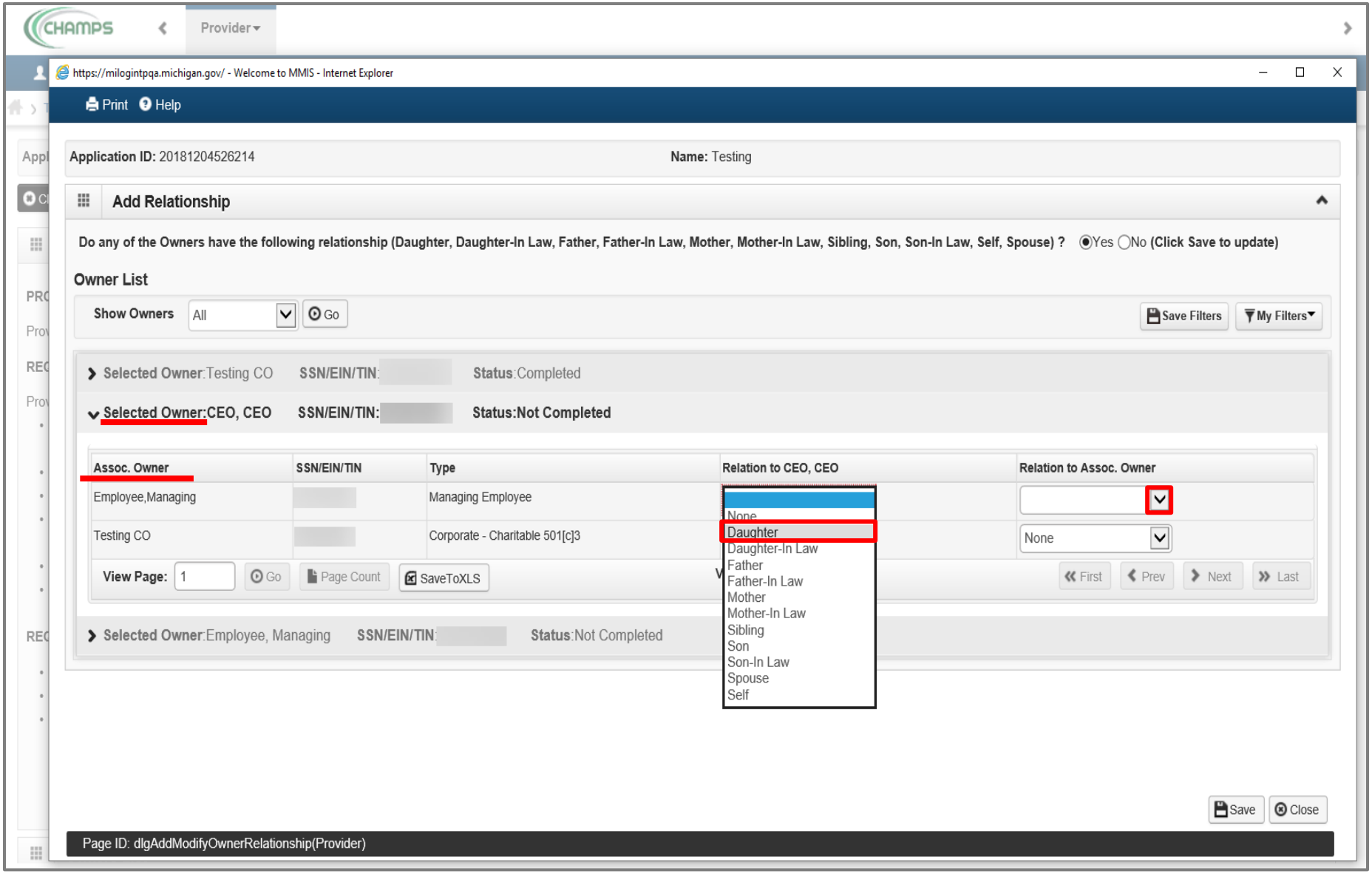
- Answer question (at the top)
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close.
  - Skip to slide 72
- If relationships exist select Yes, and continue



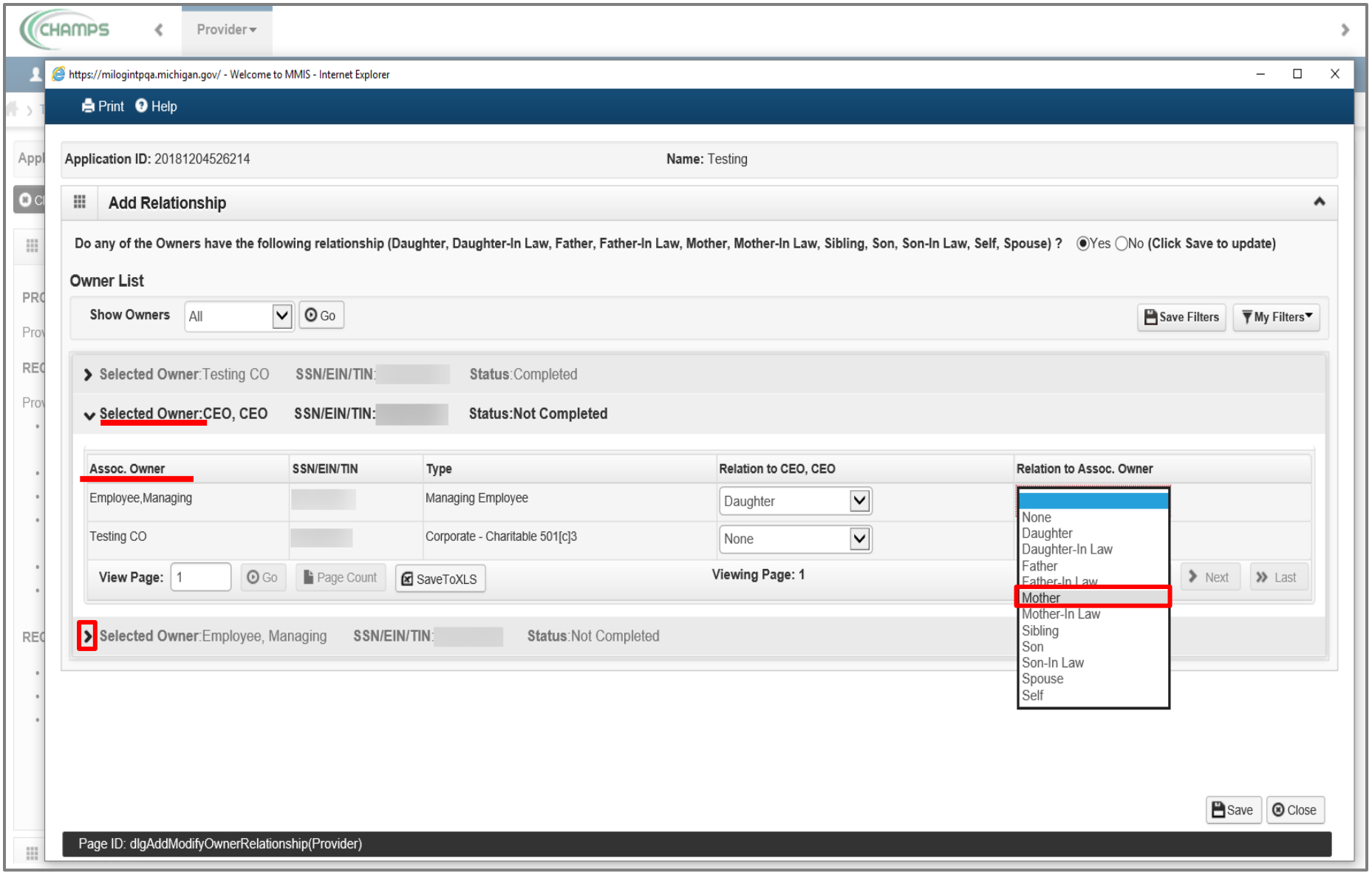
- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the facility enrolling, Testing CO, from the Associated Owner, Employee, Managing or CEO) [Associated Owner → Selected Owner]
  - In this example no one is related to the Selected Owner, Testing CO
- Click on > to select the relationship(s) for the next Selected Owner



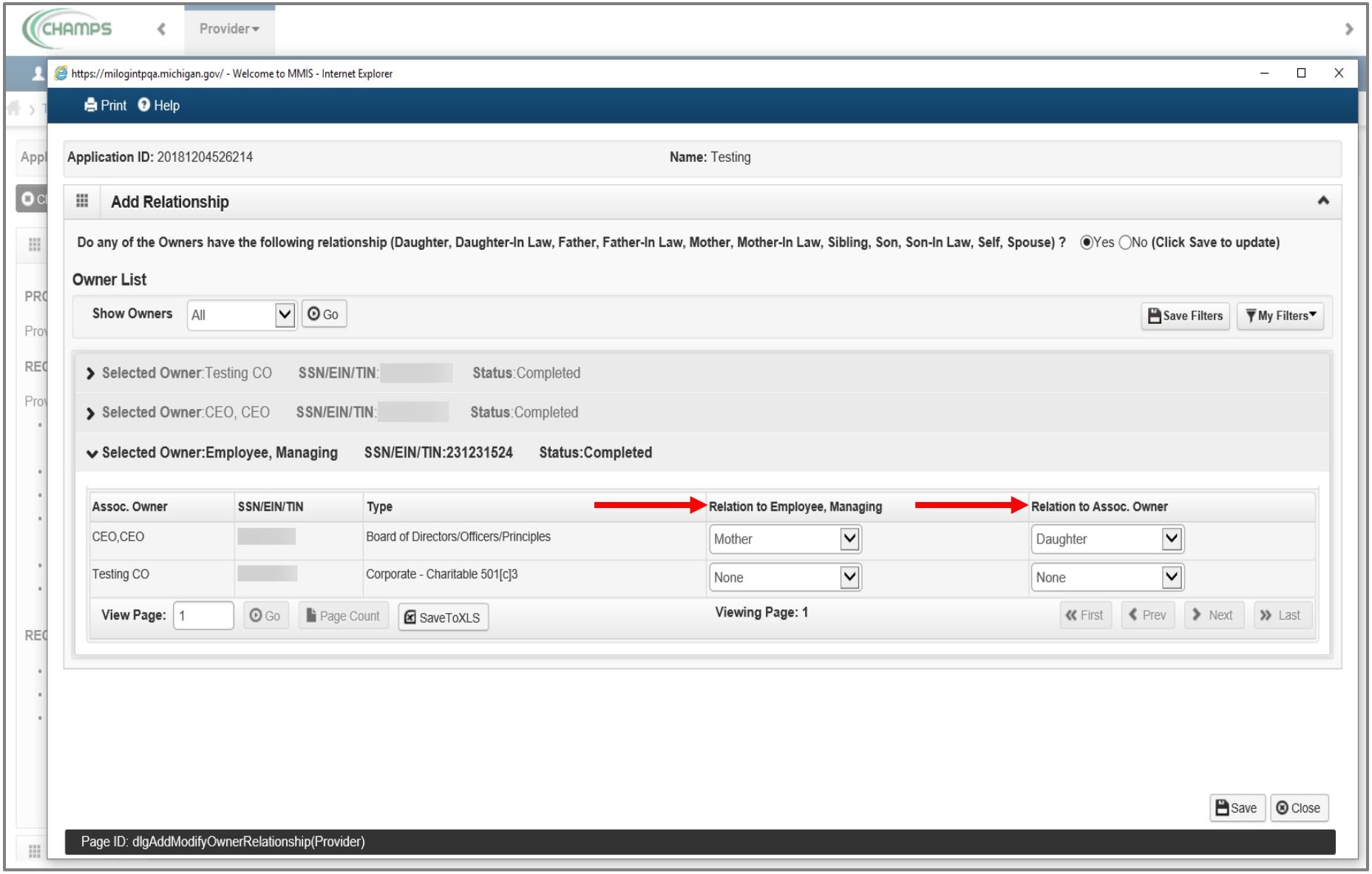
- For the next Selected Owner, CEO, some of the fields have prepopulated to None based on the relationship selection made under the previous Selected Owner, Testing CO
- Click on the drop-down arrow under Relation to CEO to select the Associated Owner's relationship to the Selected Owner



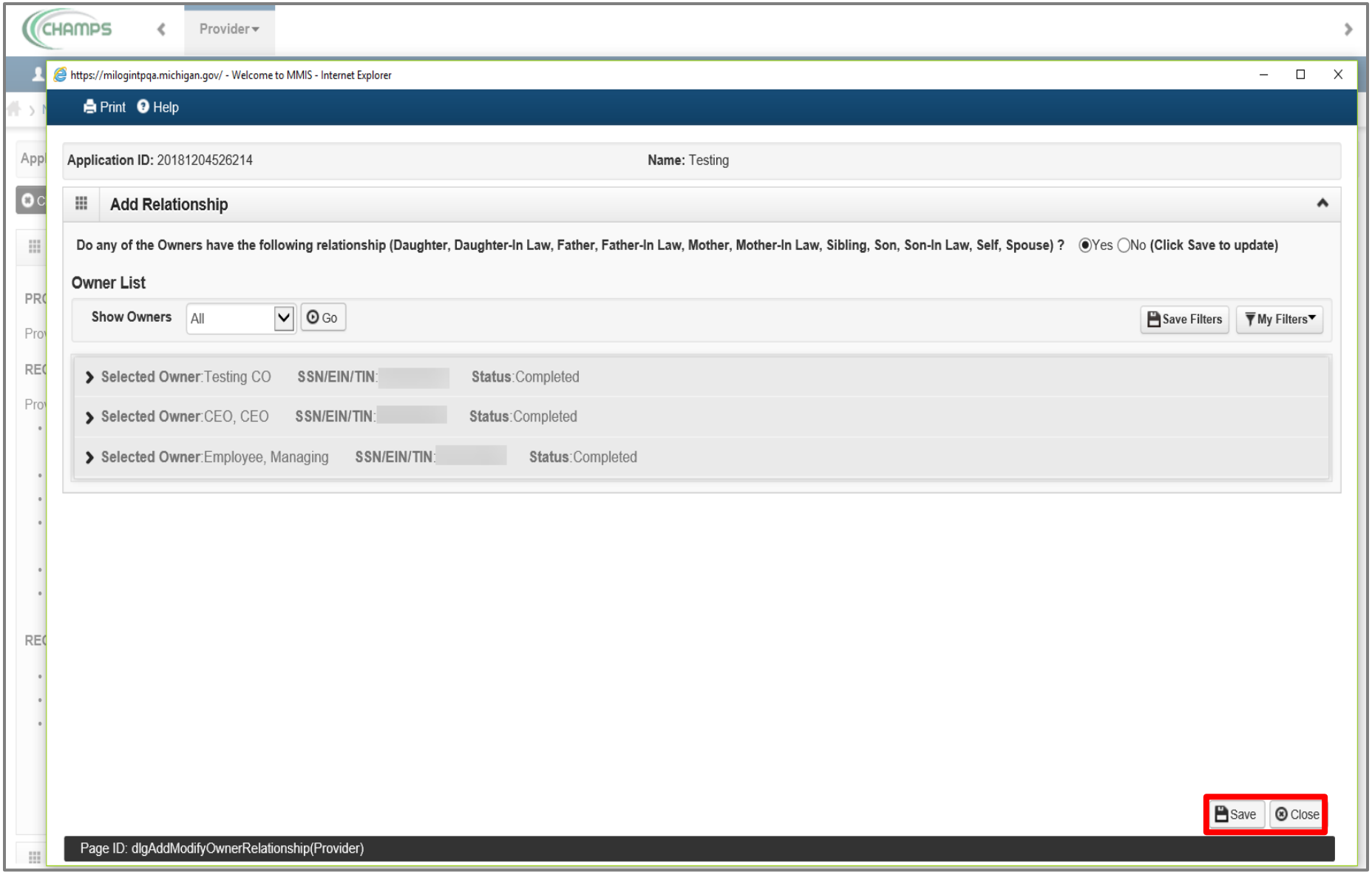
- In this example the Associated Owner (i.e., Employee, Managing) is the daughter of the Selected Owner, CEO
- Click on the drop-down arrow under Relation to Associated Owner to select the relationship from Selected Owner back to the Associated Owner



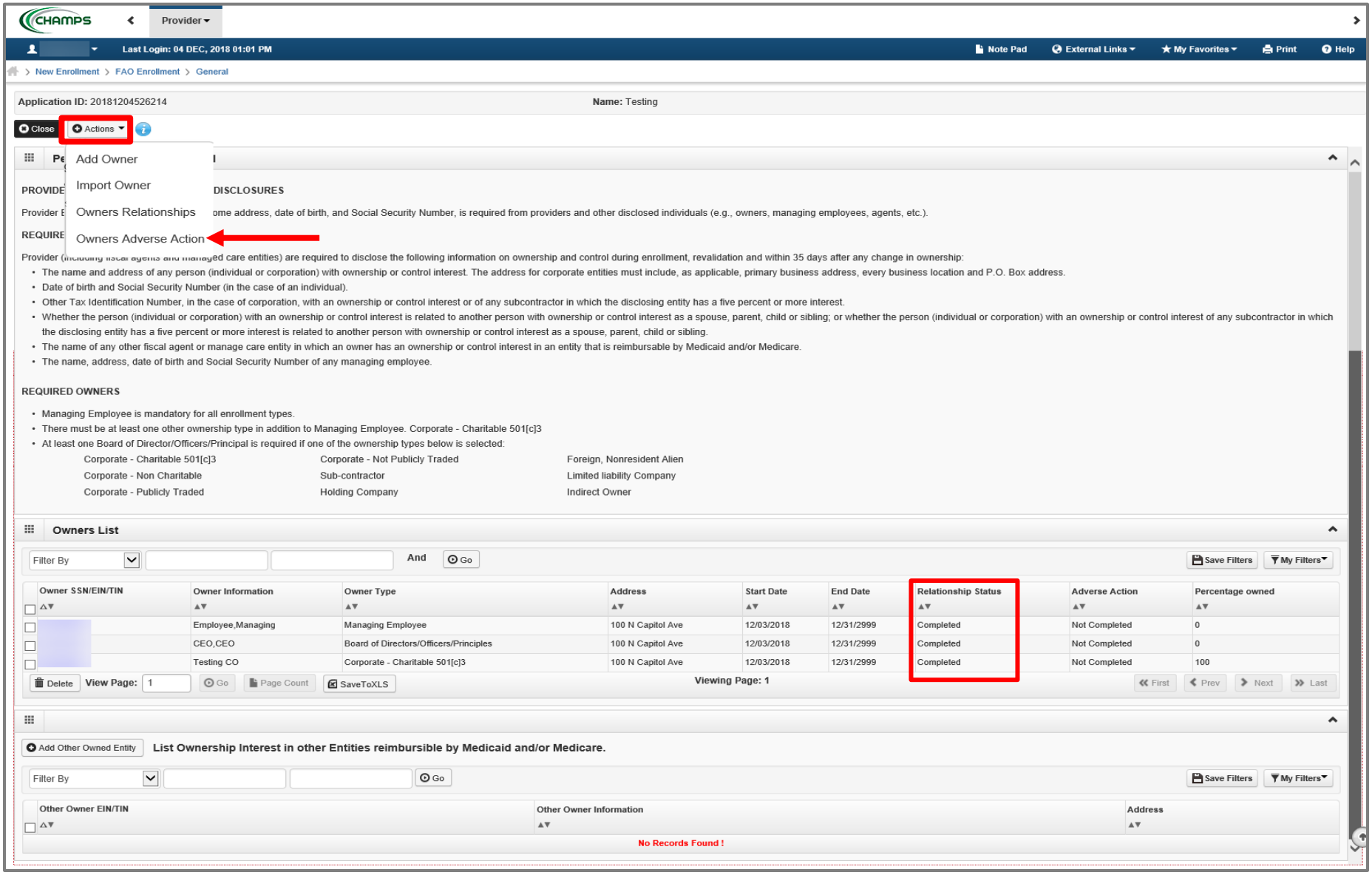
- In this example the Selected Owner, CEO is the Mother of the Associated Owner (i.e., Employee, Managing)
- Click on > to select the relationship(s) for the next Selected Owner



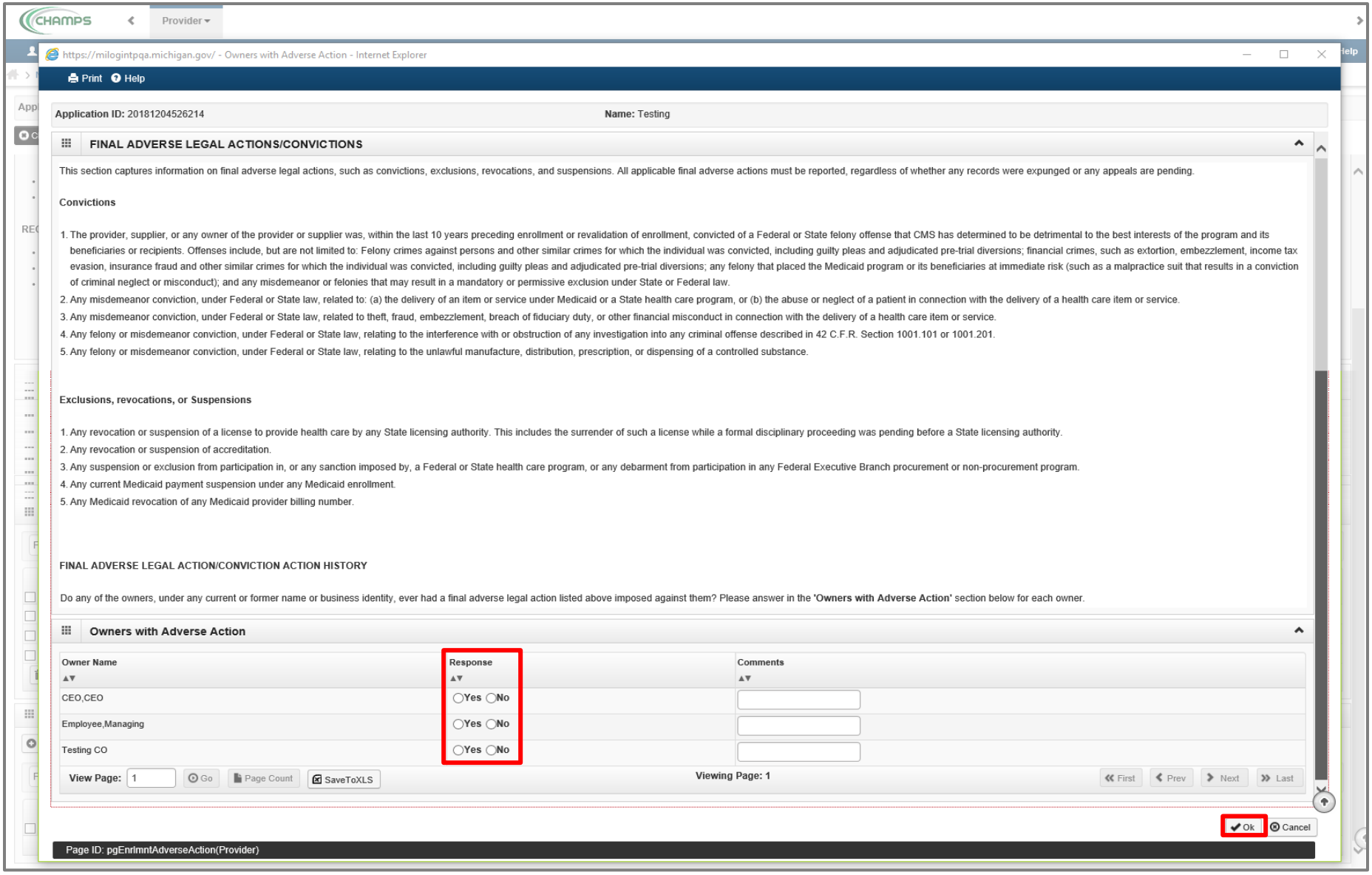
- For the next Selected Owner, Employee, Managing, the fields have prepopulated based on the previous relationships chosen
  - Note: The Associated Owner is showing as the mother of the Selected Owner, Employee, Managing and now the Selected Owner is showing as the daughter of the Associated Owner, CEO



- When both relationship steps are complete for each Owner Type, click Save
- Click Close



- The Relationship Status now shows completed for each owner
- Click Actions
- Select Owners Adverse Action



- Read through Final Adverse Legal Actions/Convictions statement,
  - For each owner listed select Yes or No
- Click Ok

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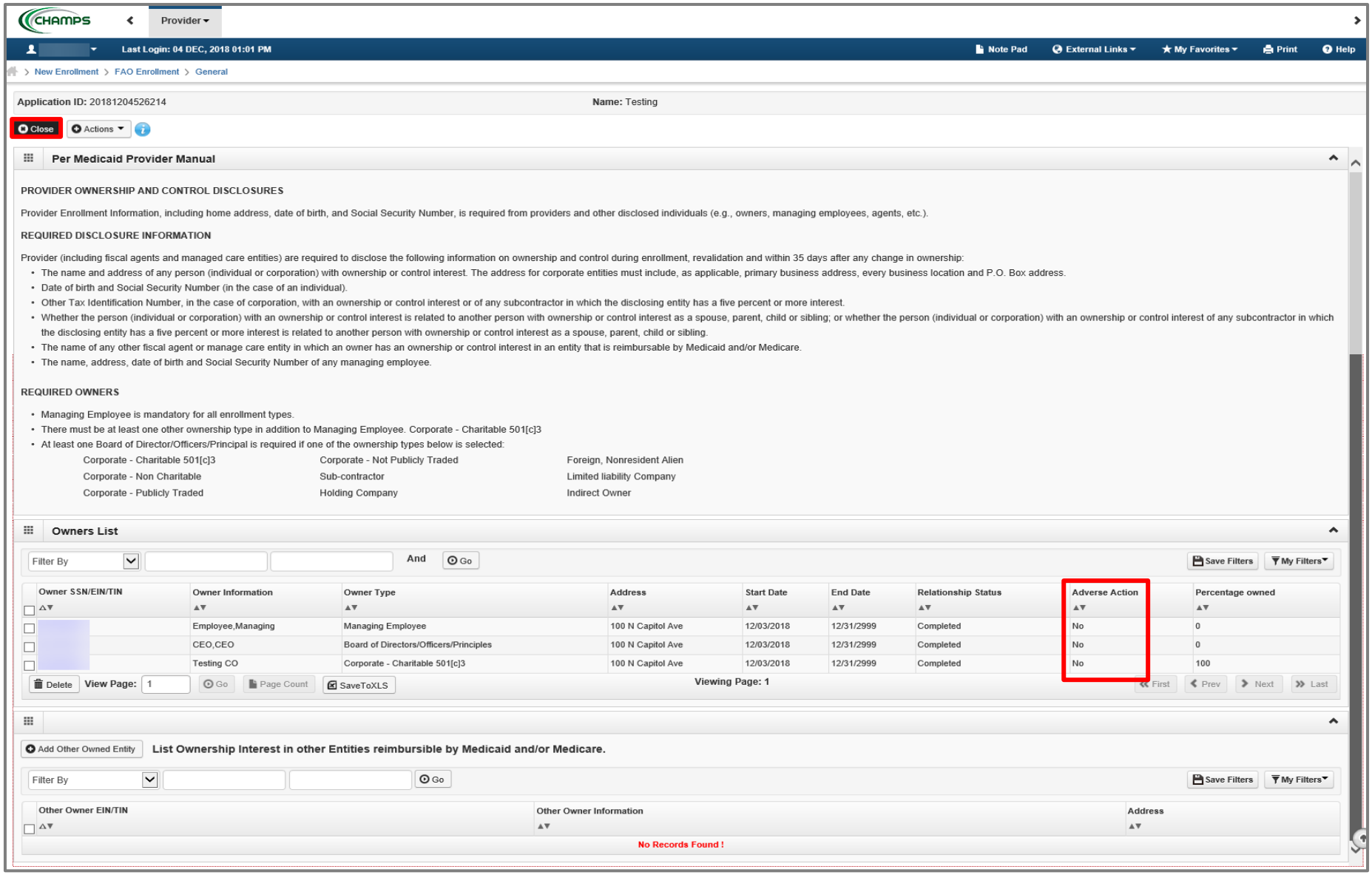

- The Adverse Action column will show Yes or No indicating it's complete
- Click Close

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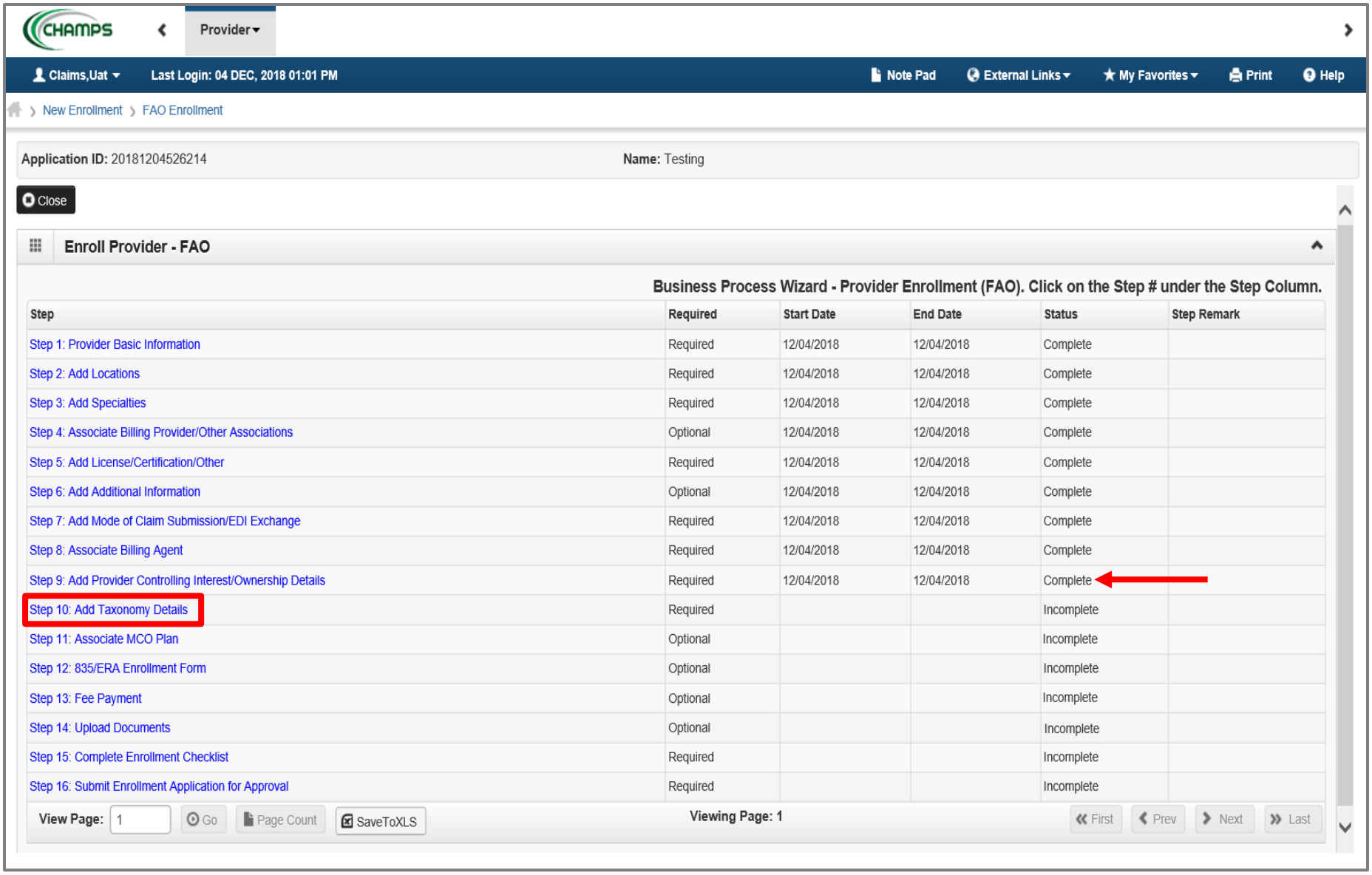
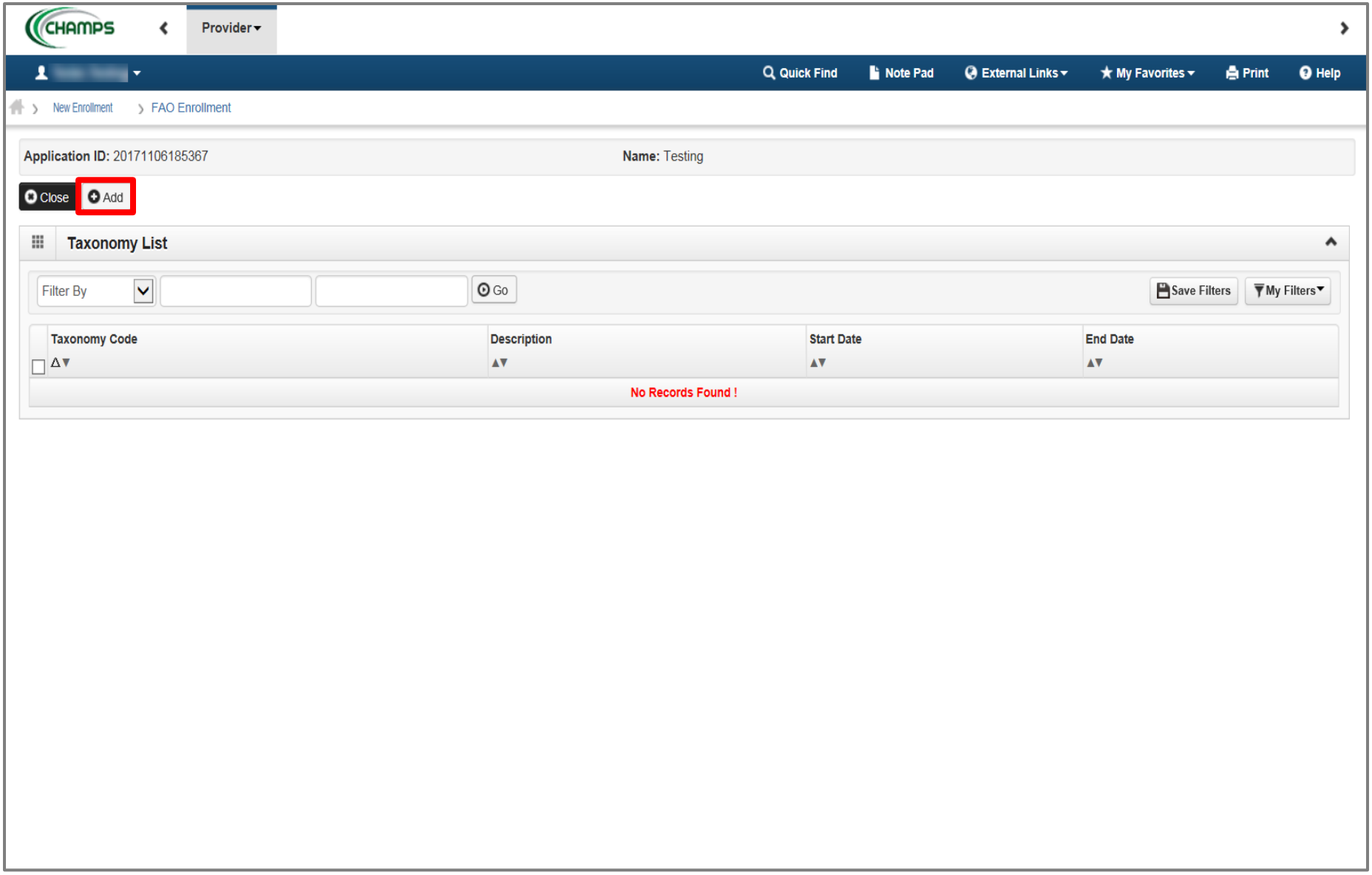
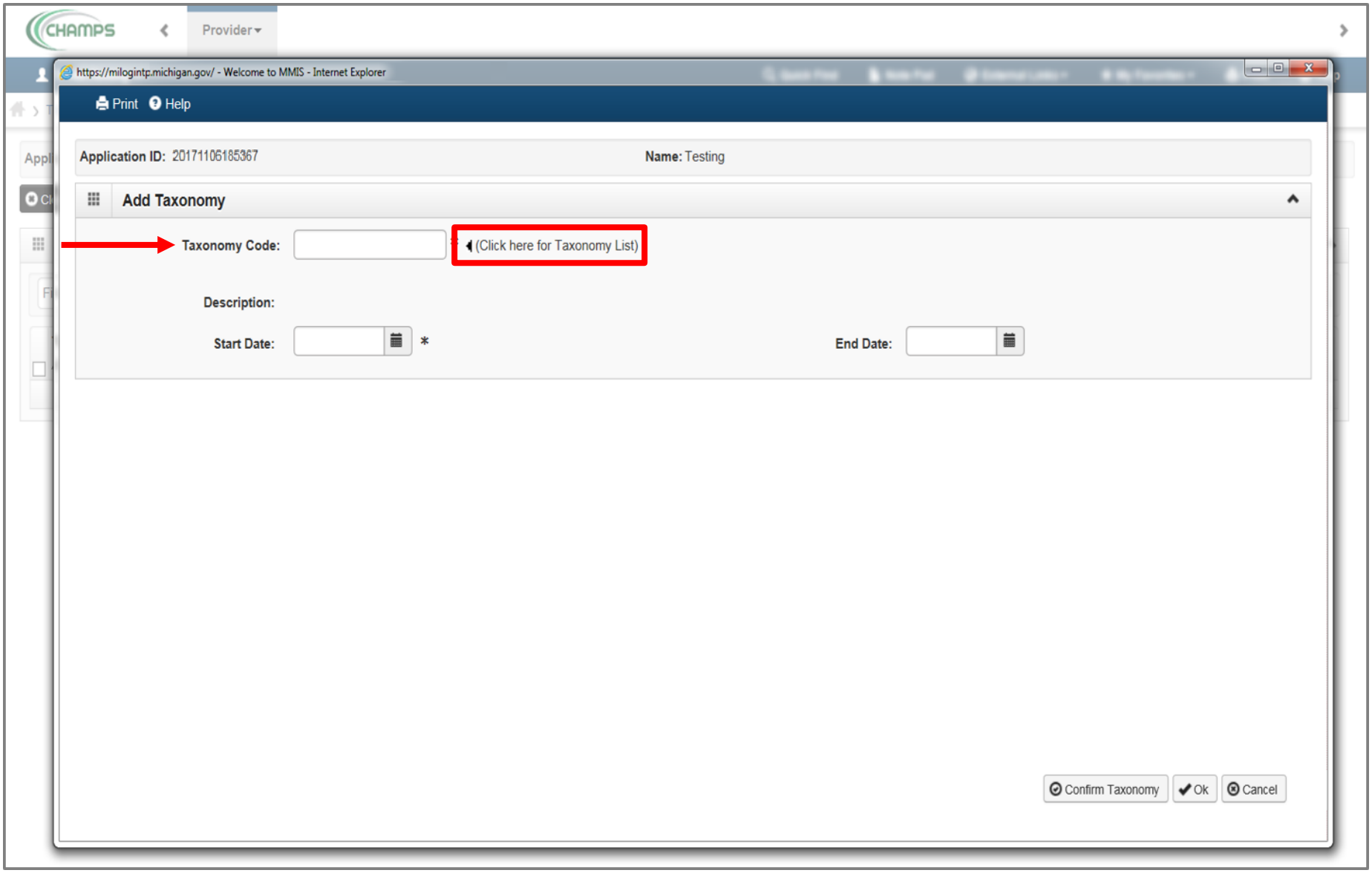


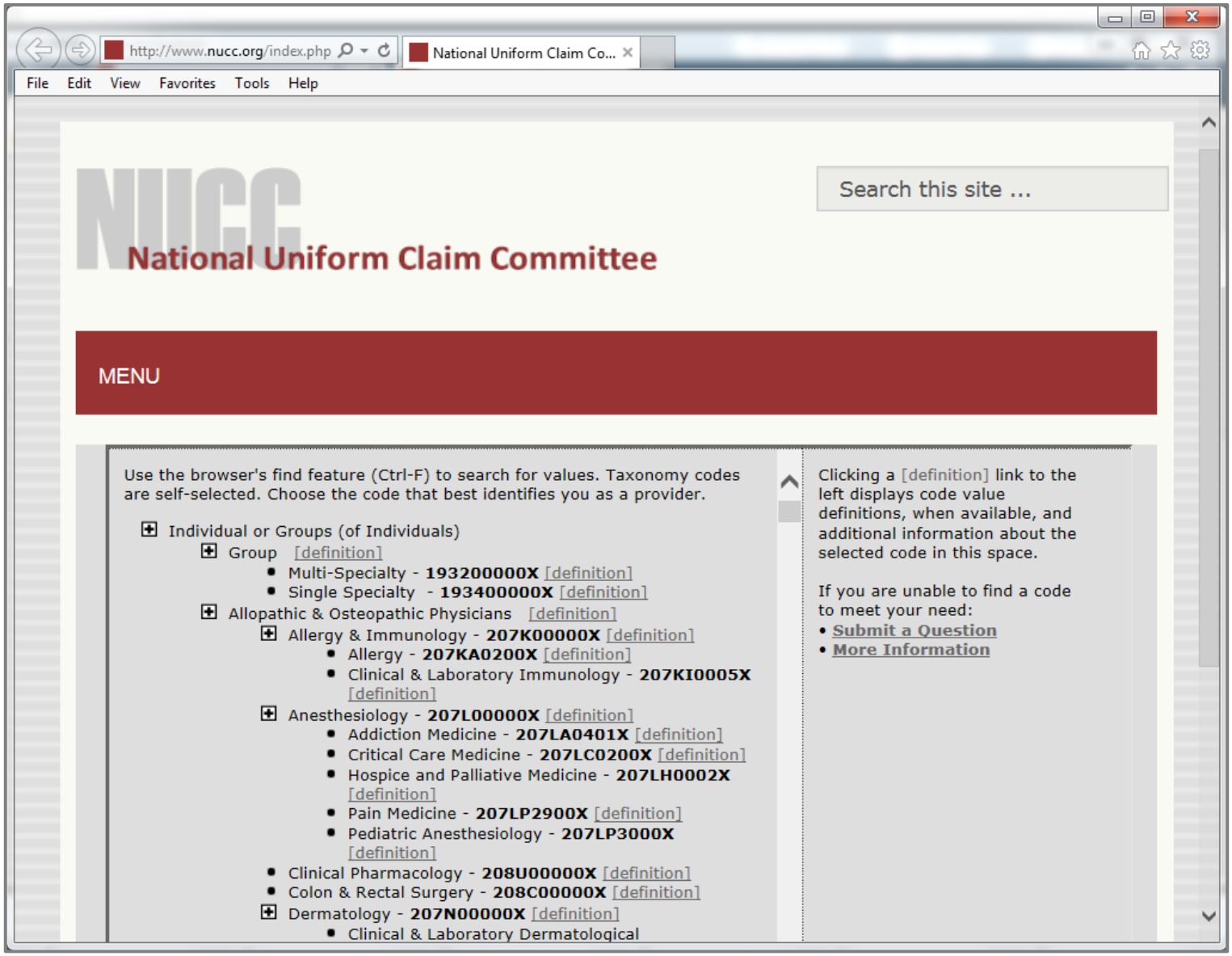
- Step 9 is complete
- Click on Step 10: Add Taxonomy Details


CHAMPS
Provider
Quick Find
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
FAO Enrollment
Application ID: 20171106185367
Name: Testing
Close
Add
Taxonomy List
Filter By
Go
Save Filters
My Filters
Taxonomy Code
Description
Start Date
End Date
No Records Found !

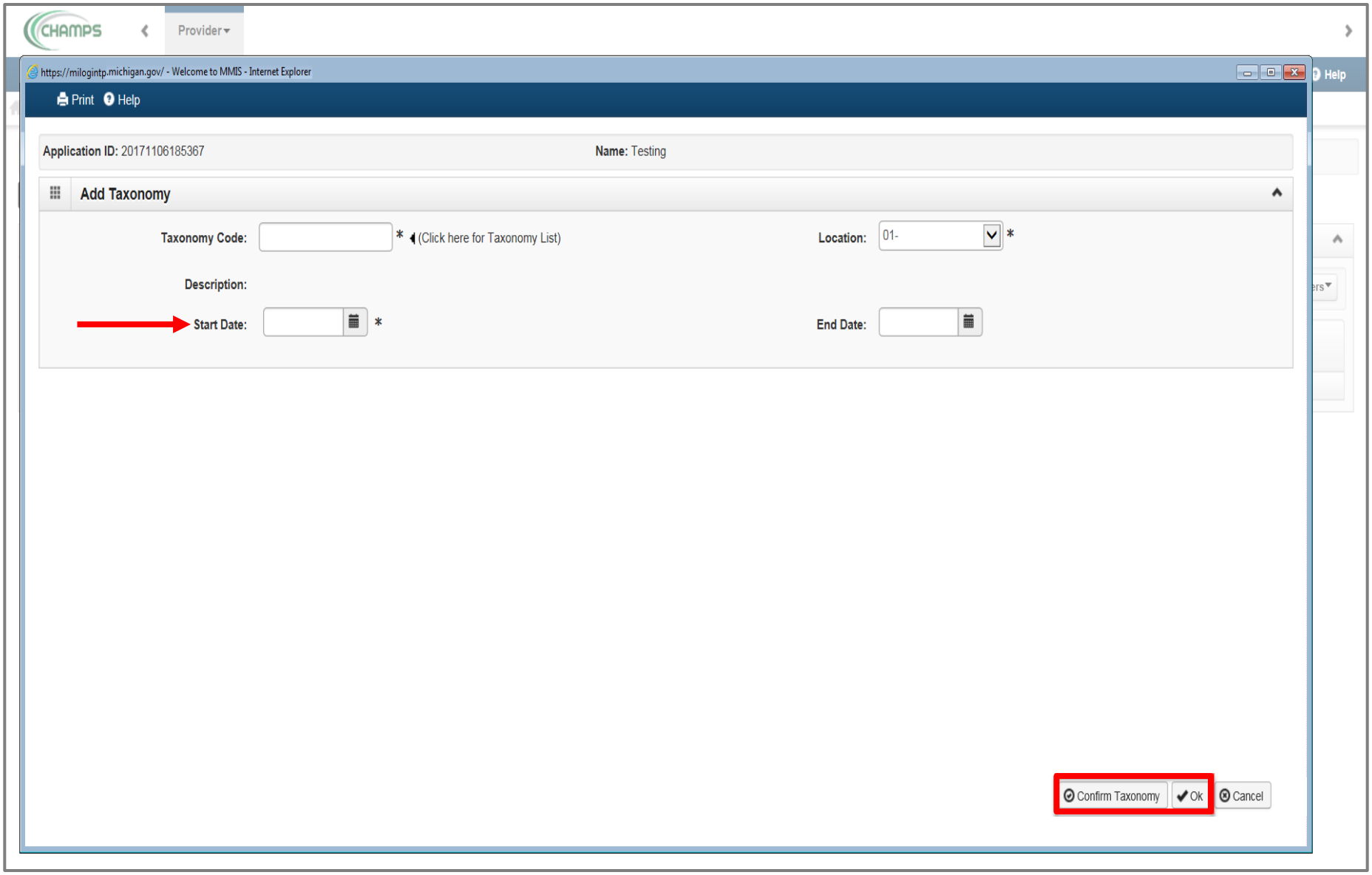
- Click Add



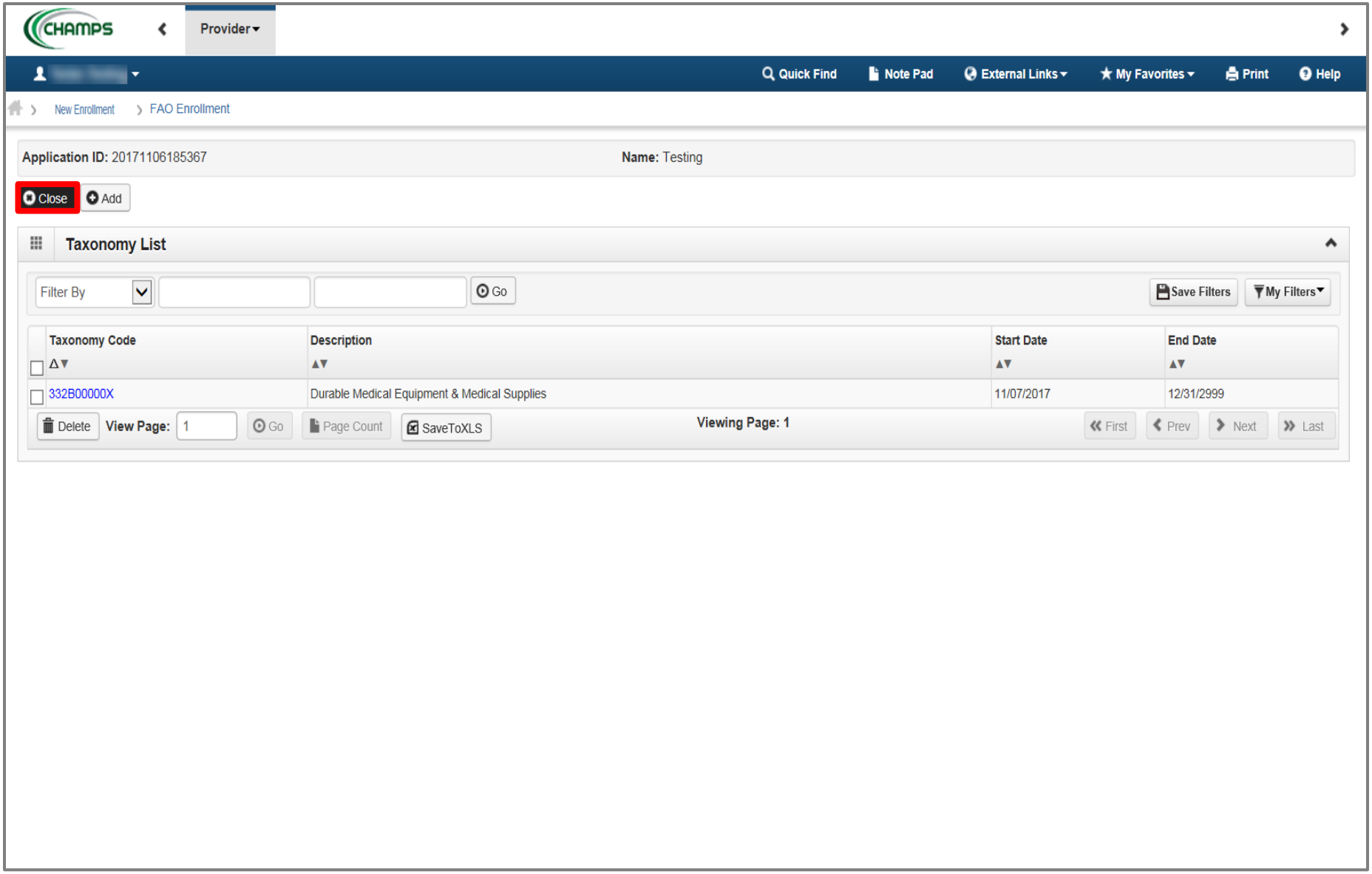
- Enter in Taxonomy Code or click on (◂) next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code



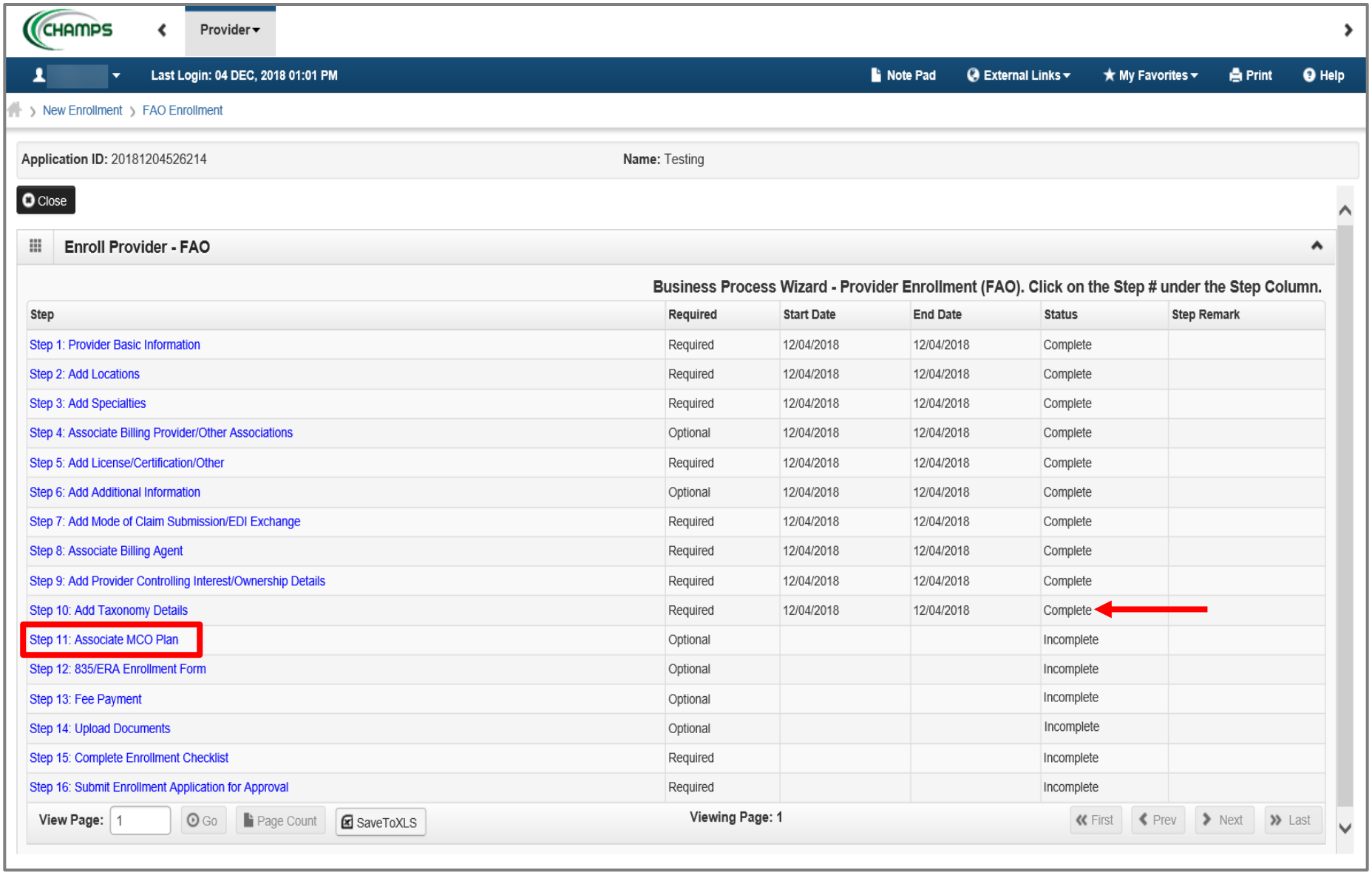
- After clicking (◂) the National Uniform Claim Committee webpage will pop-up
- Press (CTRL+F) to search for appropriate taxonomy code



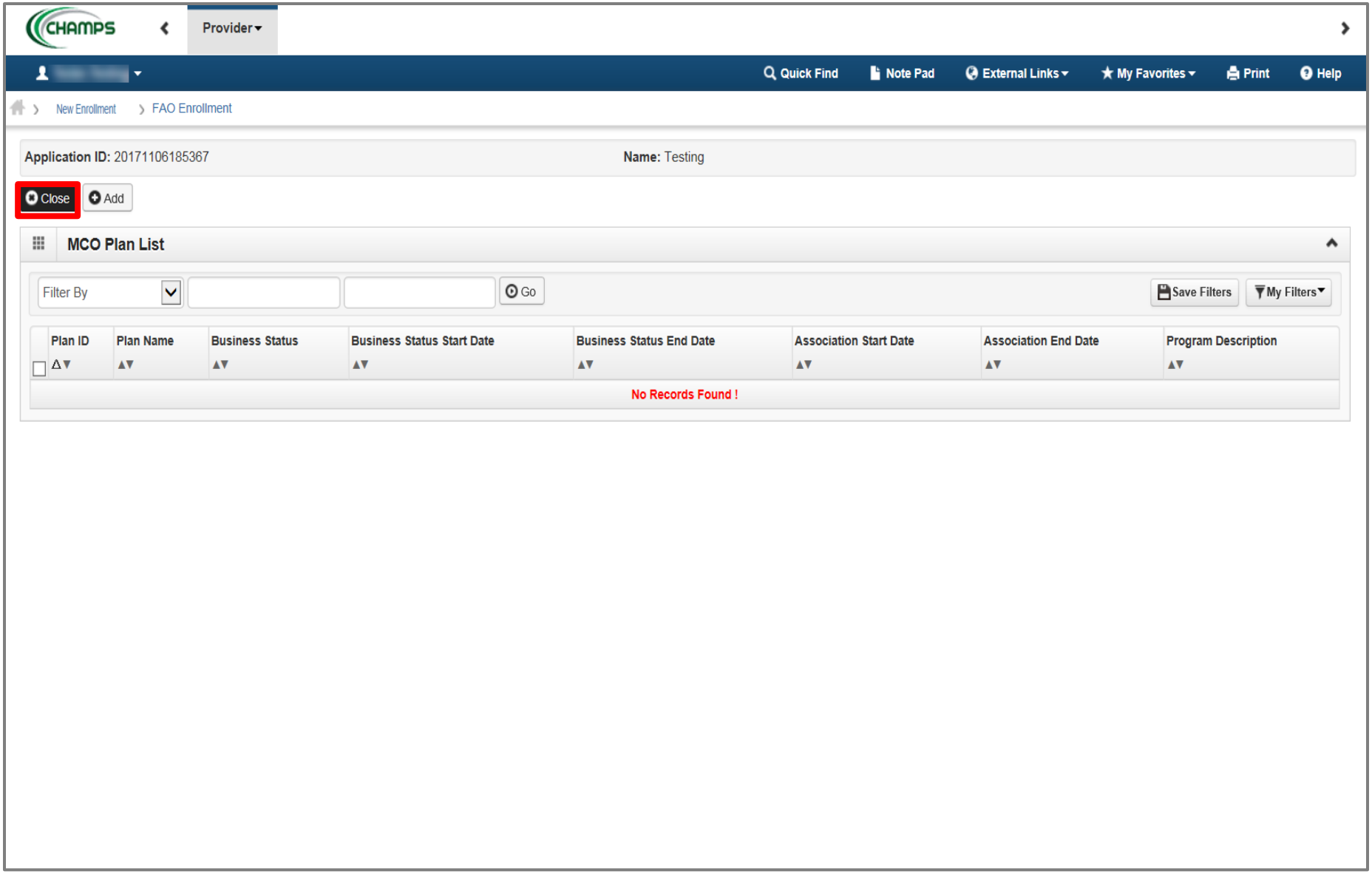
- Enter Start Date *(Please Note: Must be current date or date of application)*
- Click Confirm Taxonomy
- Click Ok



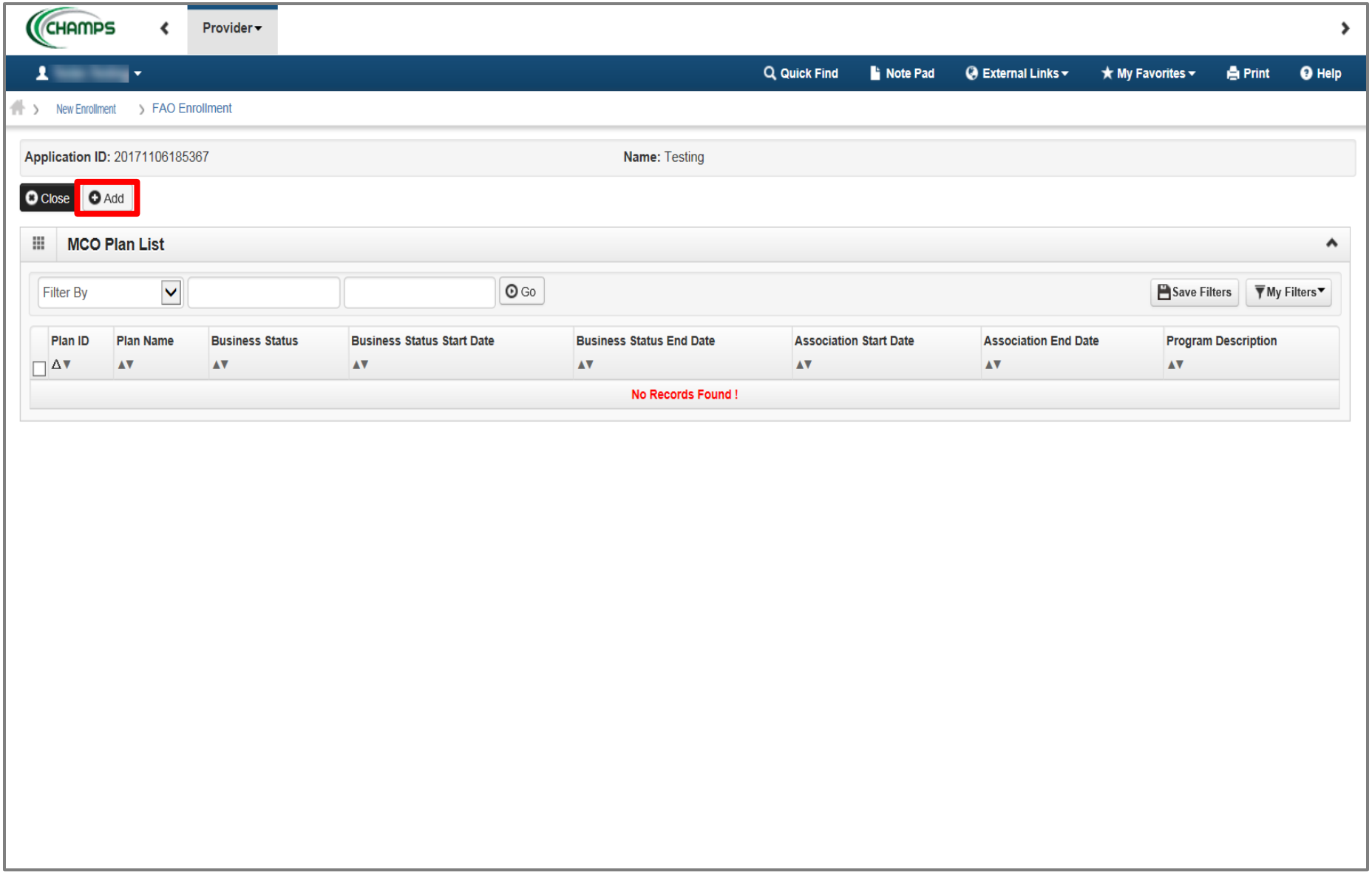
- The Taxonomy Code information will now be displayed
- Click Close



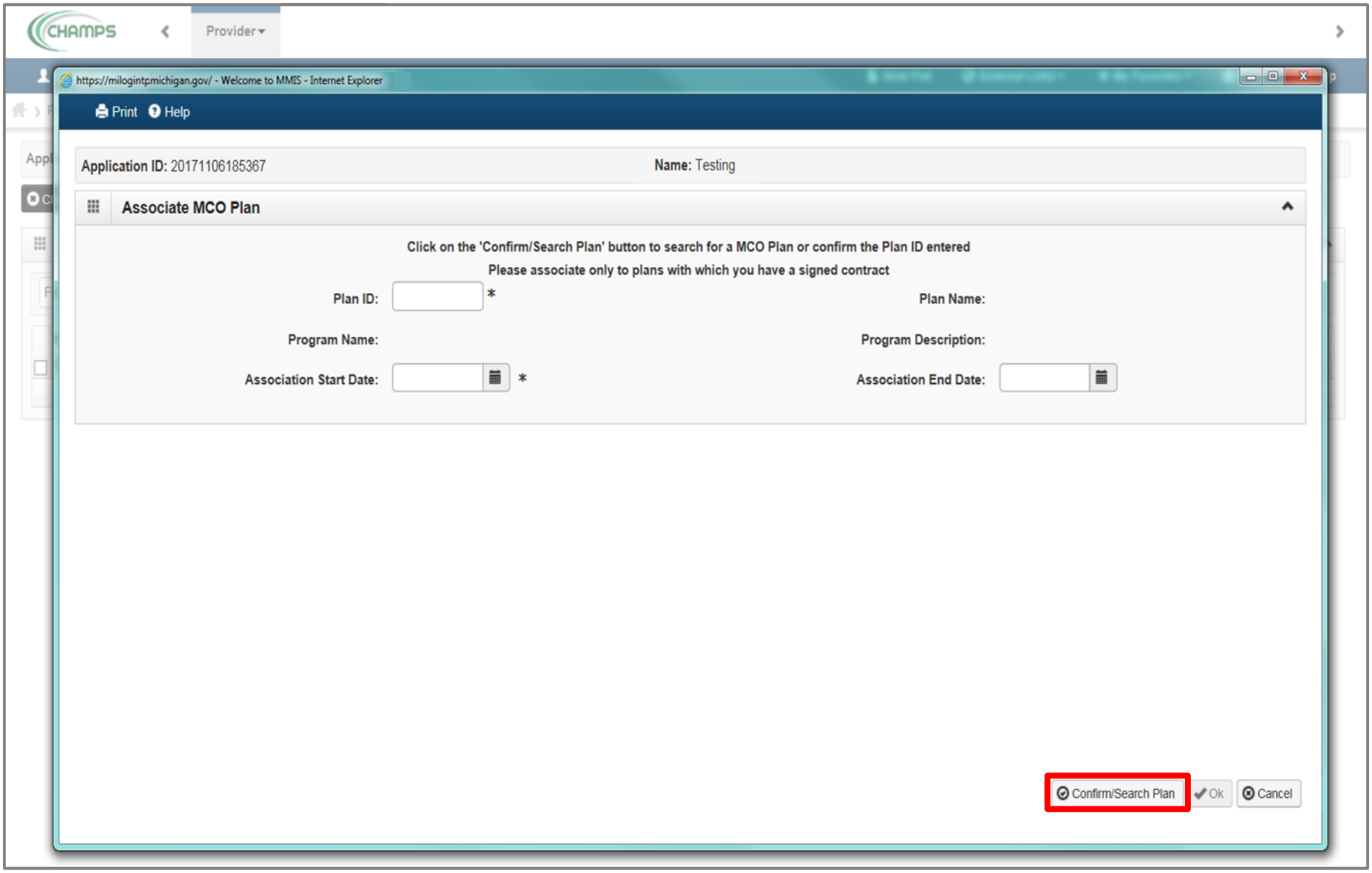
- Step 10 is complete
- Click on Step 11: Associate MCO Plan *(Please Note: This step is optional)*



- Step is optional, if you do not work with a Managed Care Organization (MCO) plan, click Close



- If choosing to add an MCO Plan;
- Click Add to associate an MCO plan



- To locate the MCO Plan , click Confirm/Search Plan

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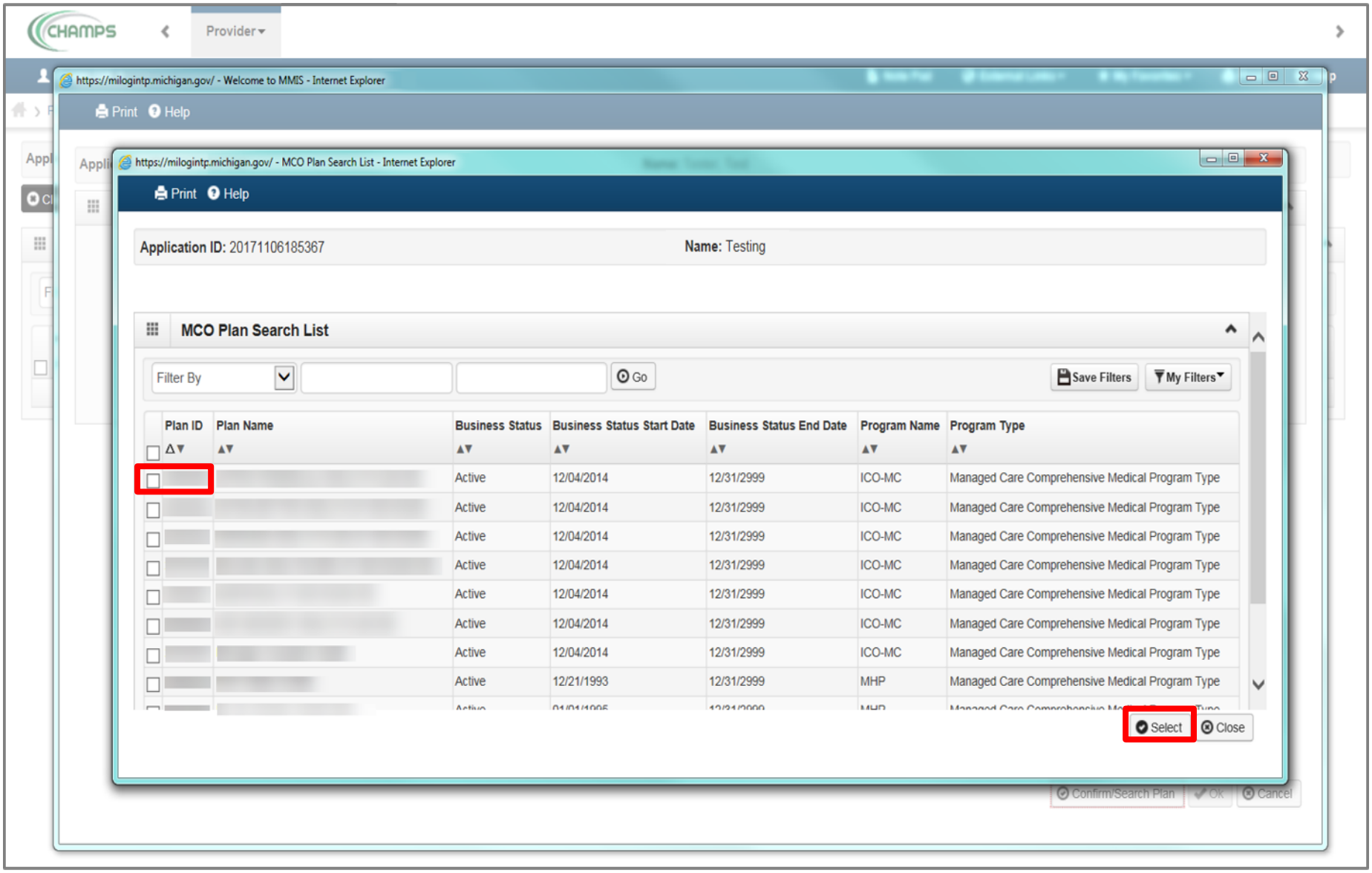
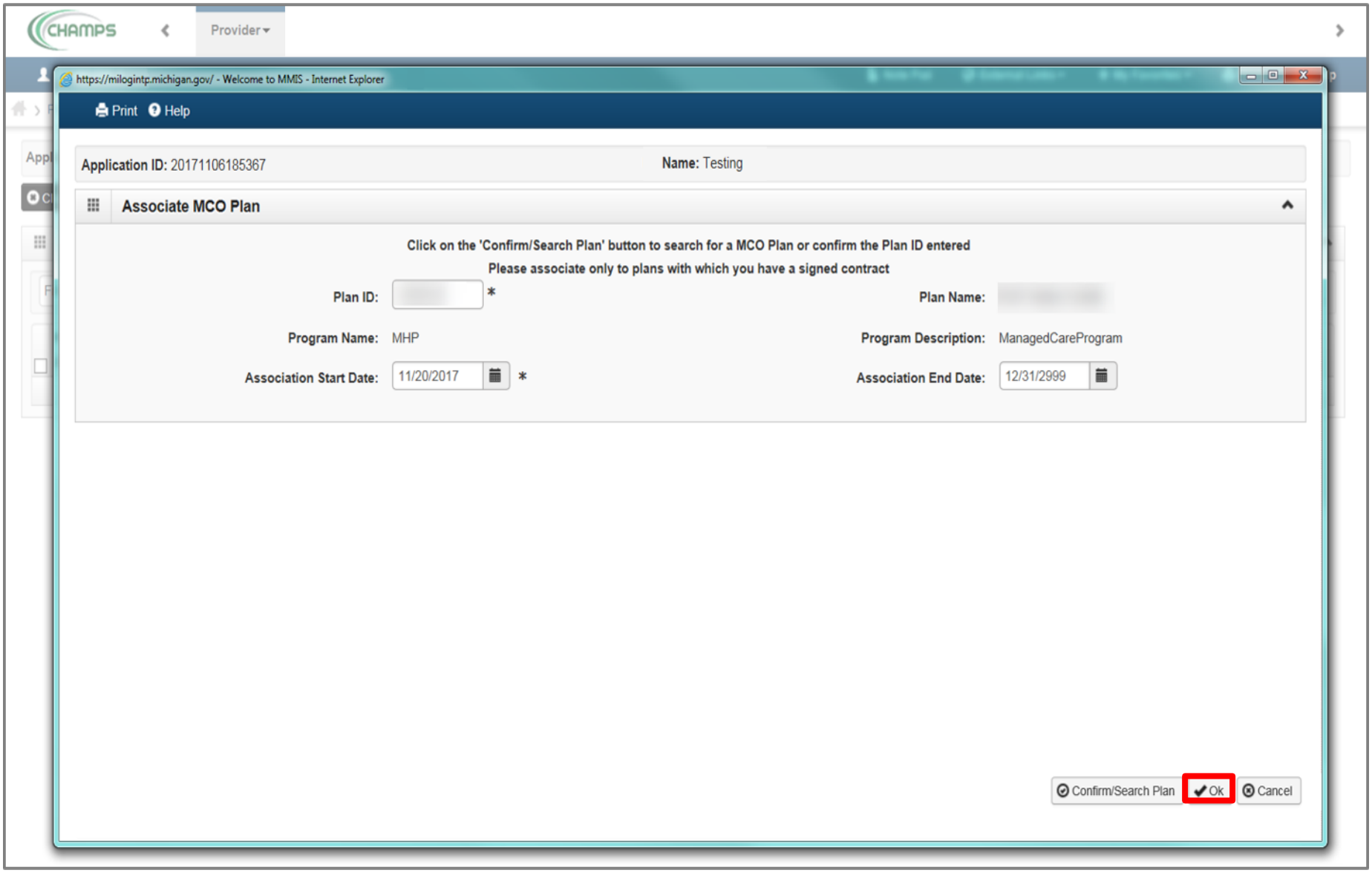
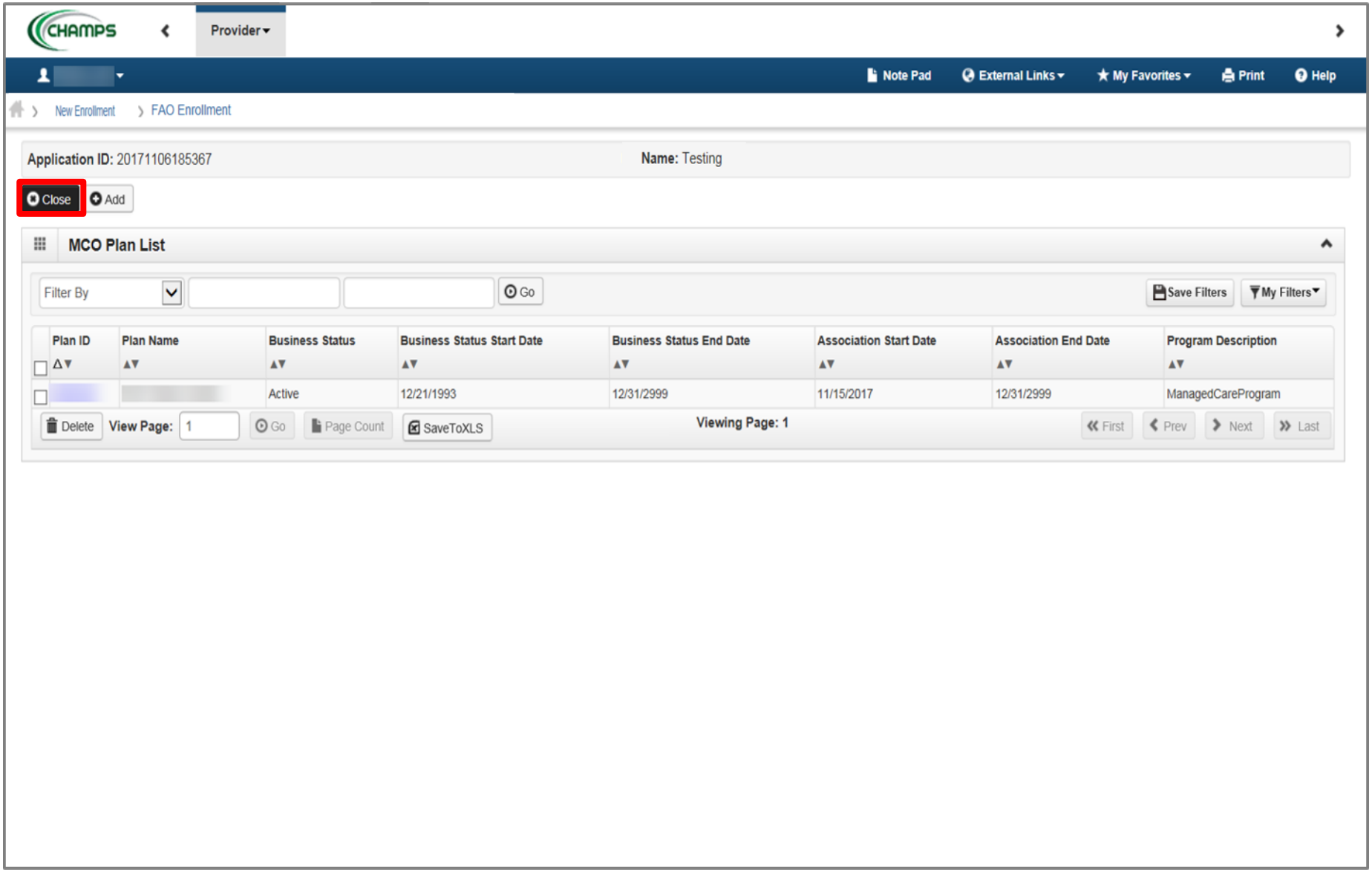


- Check the box next to the MCO Plan you want to select

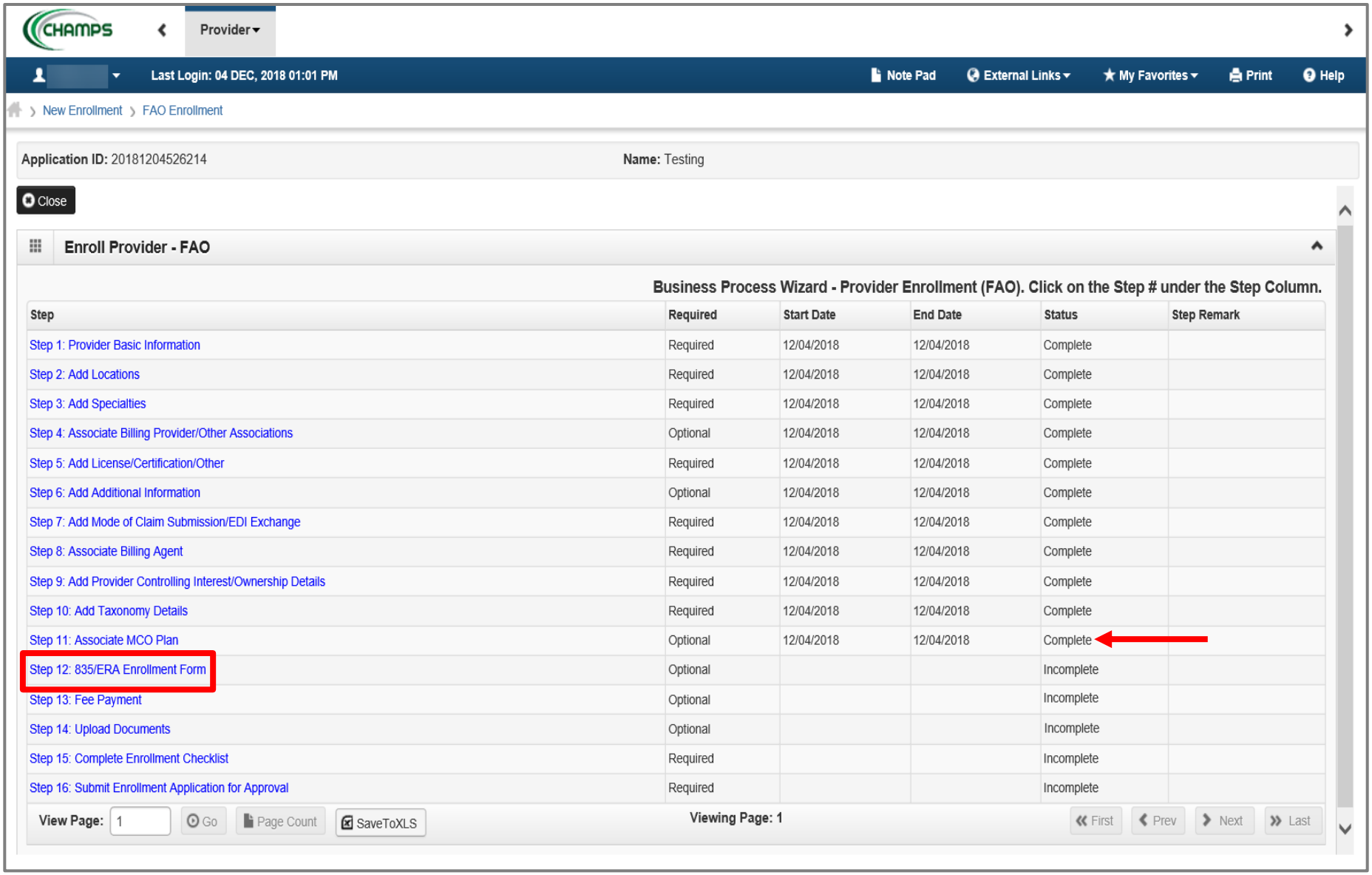
  (Please Note: There is more than one page of MCO plans; you may select more than one)
- Click Select



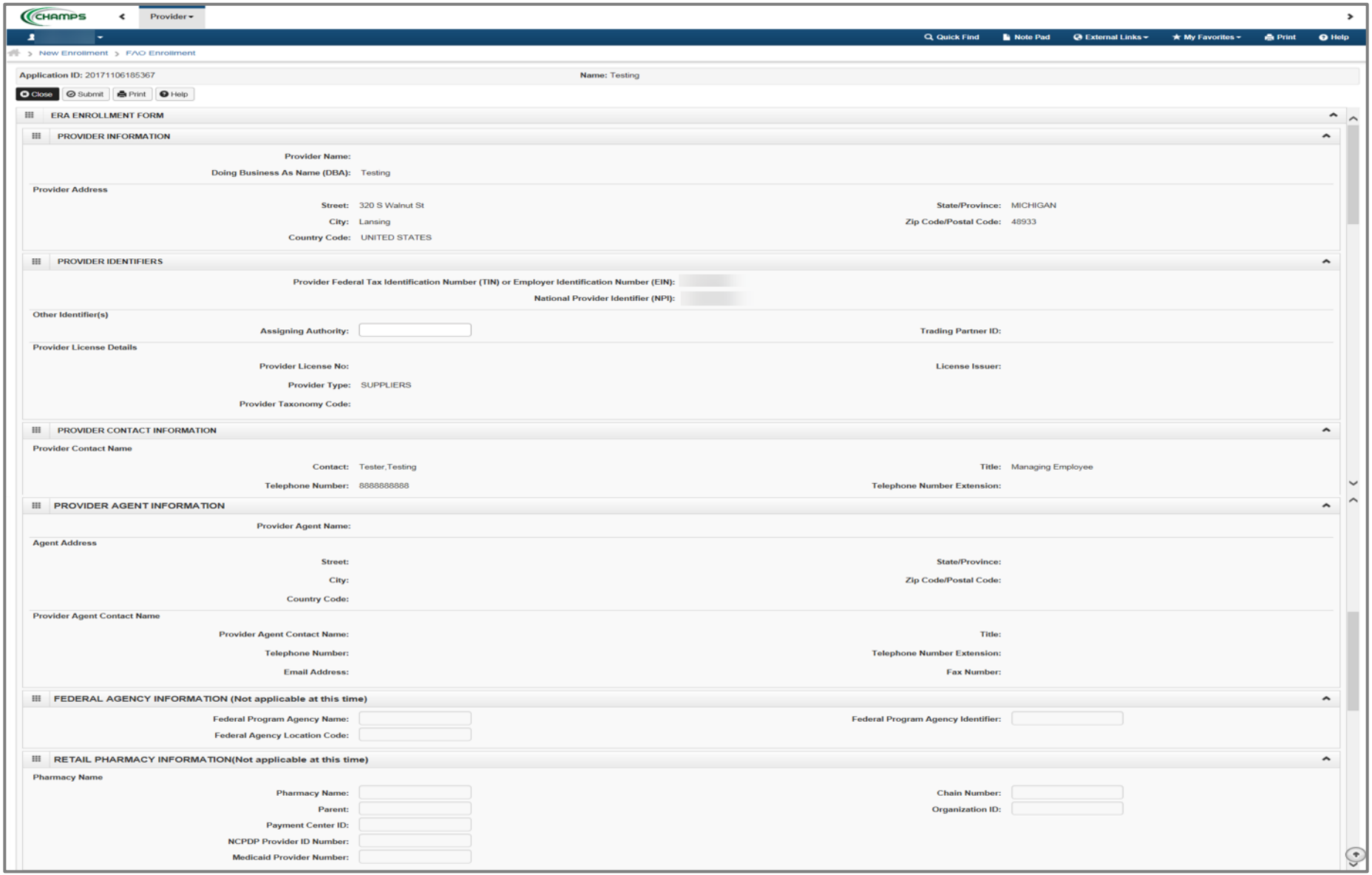
- MCO Plan information will populate
- Click Ok



- MCO Plan information has been associated
- Click Close



- Step 11 is complete
- Click on Step 12: 835/ERA Enrollment Form *(Please Note: This step is optional)*



- Step is optional, fill out if provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))

  (Please Note: within step 2 providers would have needed to select Yes, to question "Accept 835?")
- Complete all fields marked with an asterisk (*)

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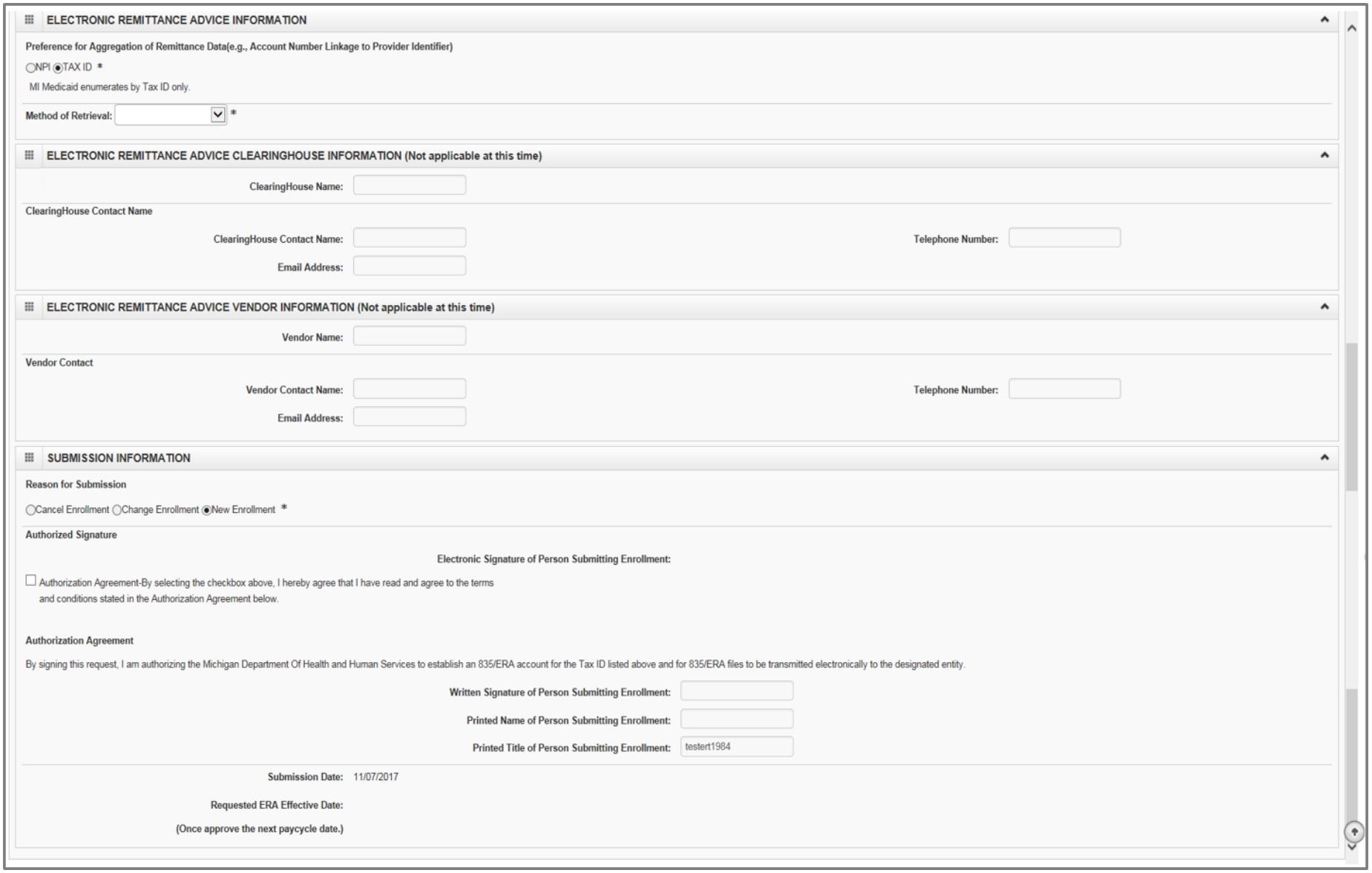
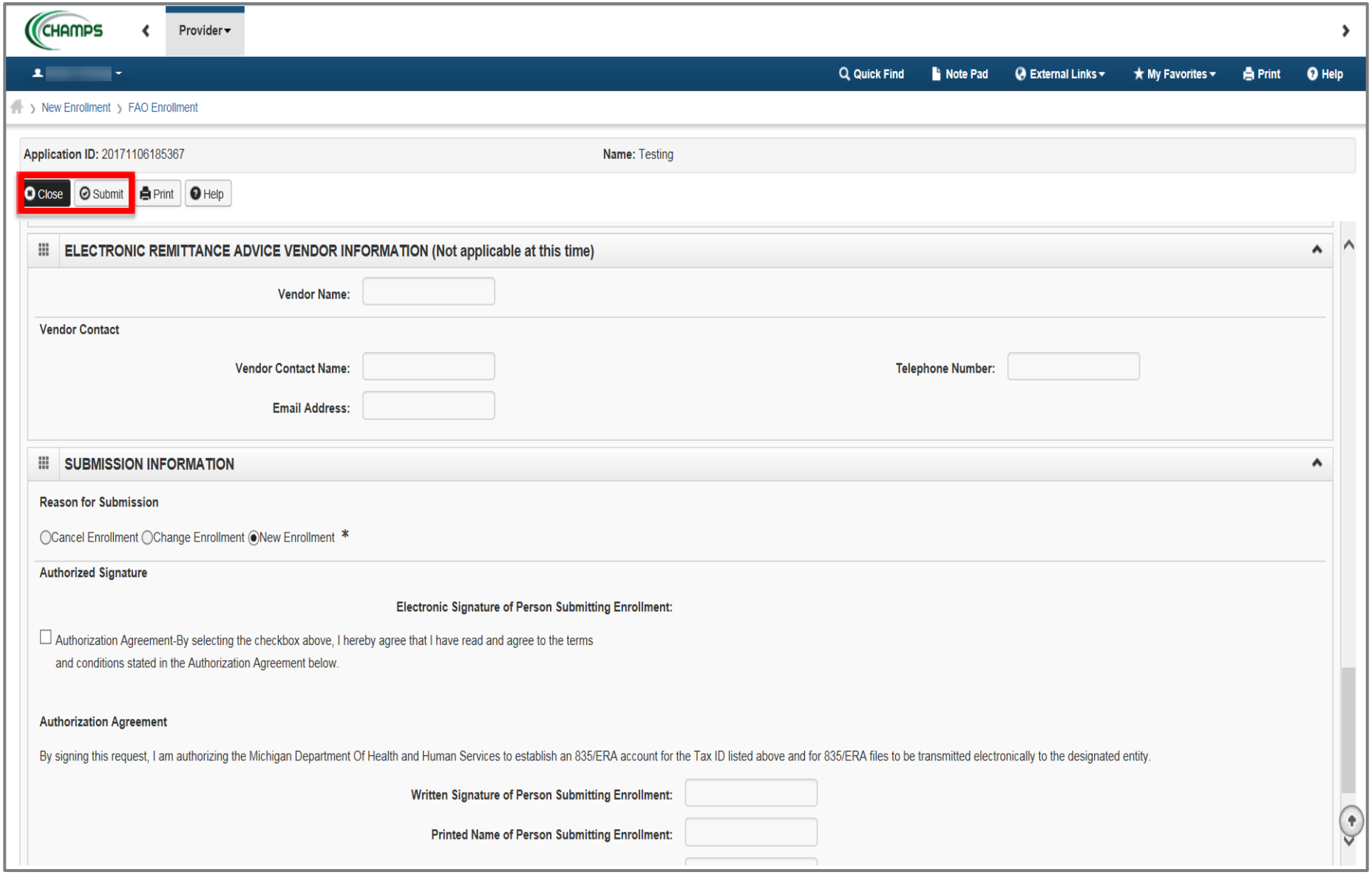
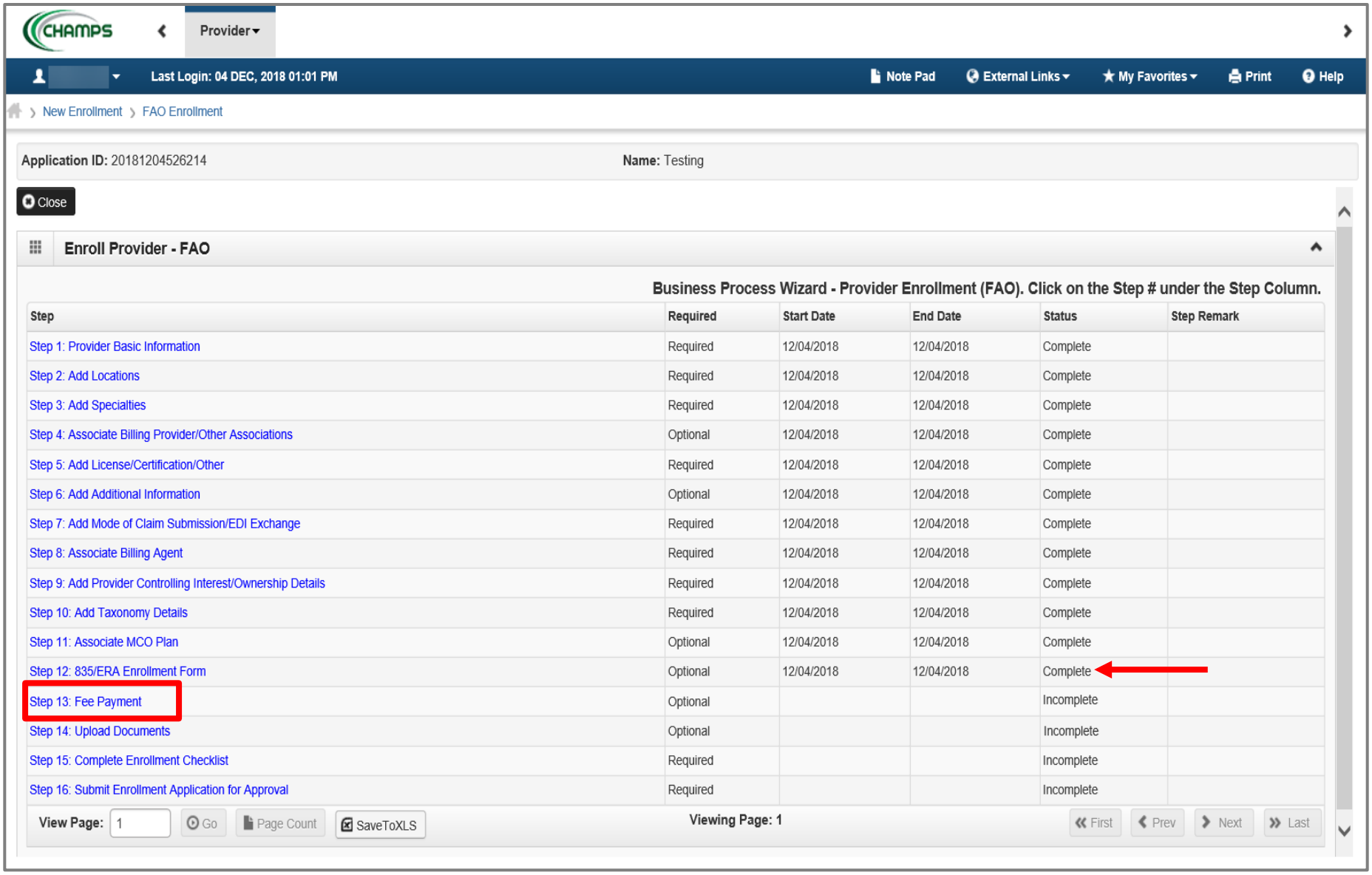


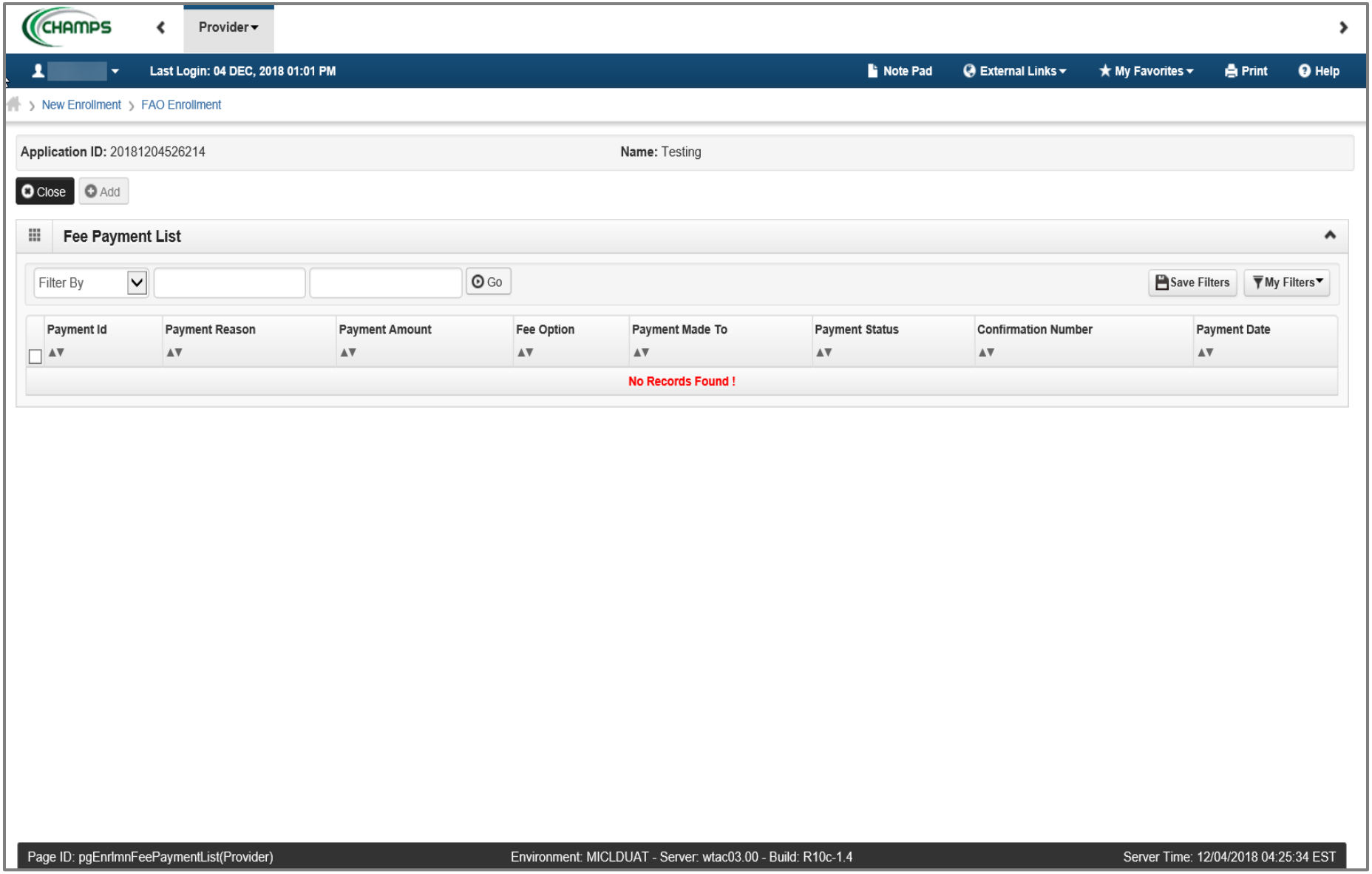
- Complete all fields marked with an asterisk (*)



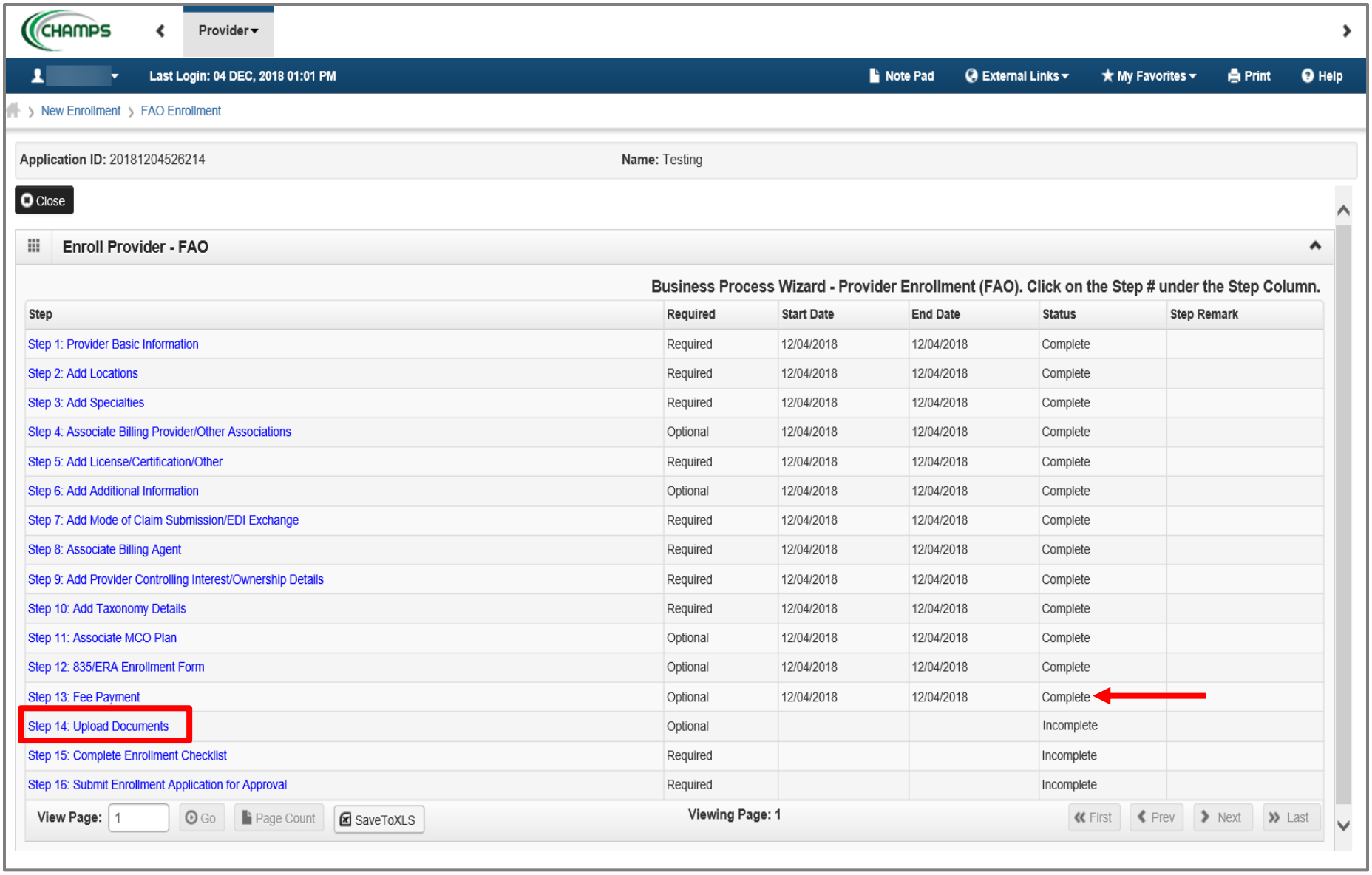
- Click Submit
- Click Close



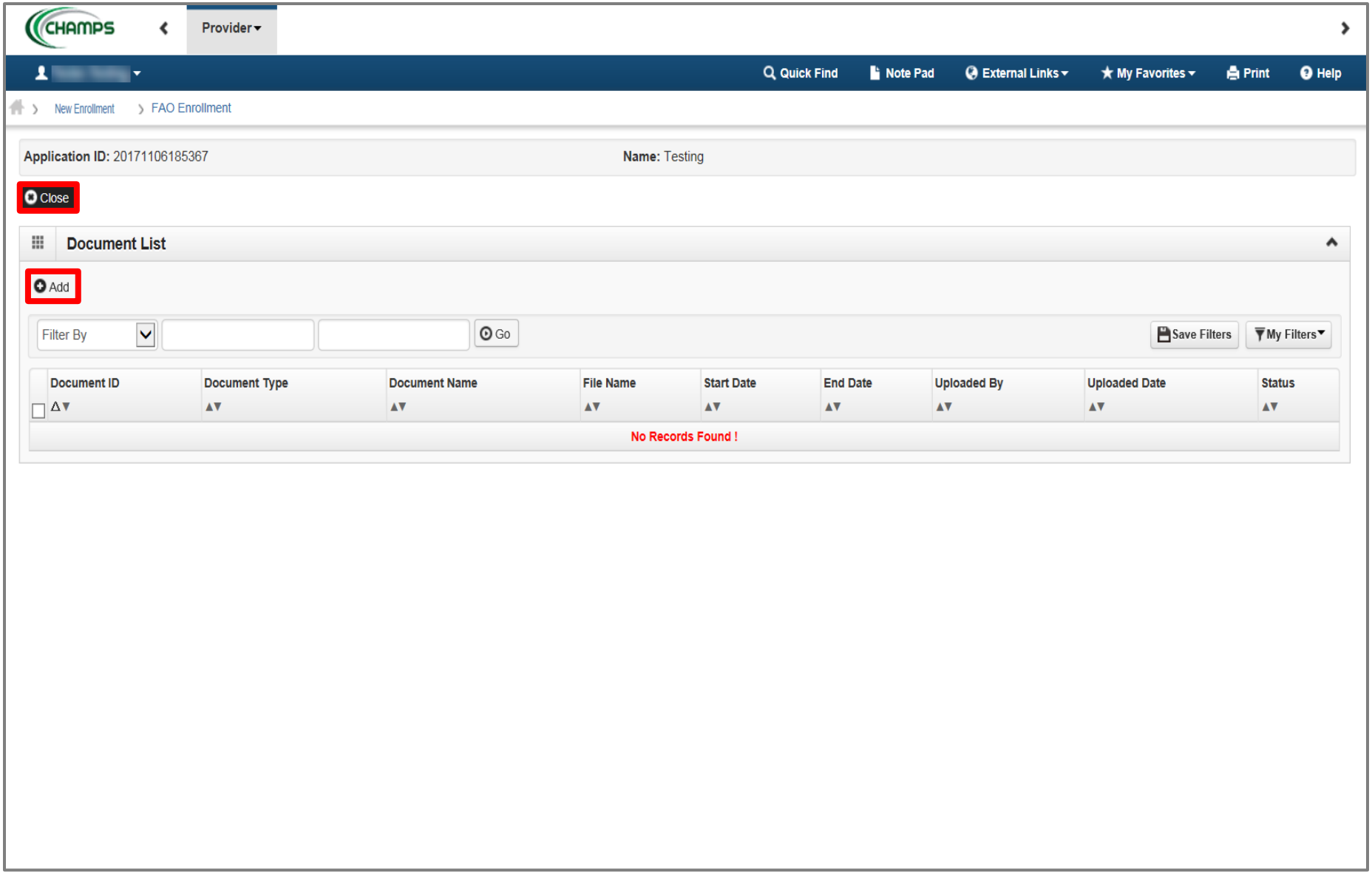
- Step 12 is complete
- Click on Step 13: Fee Payment



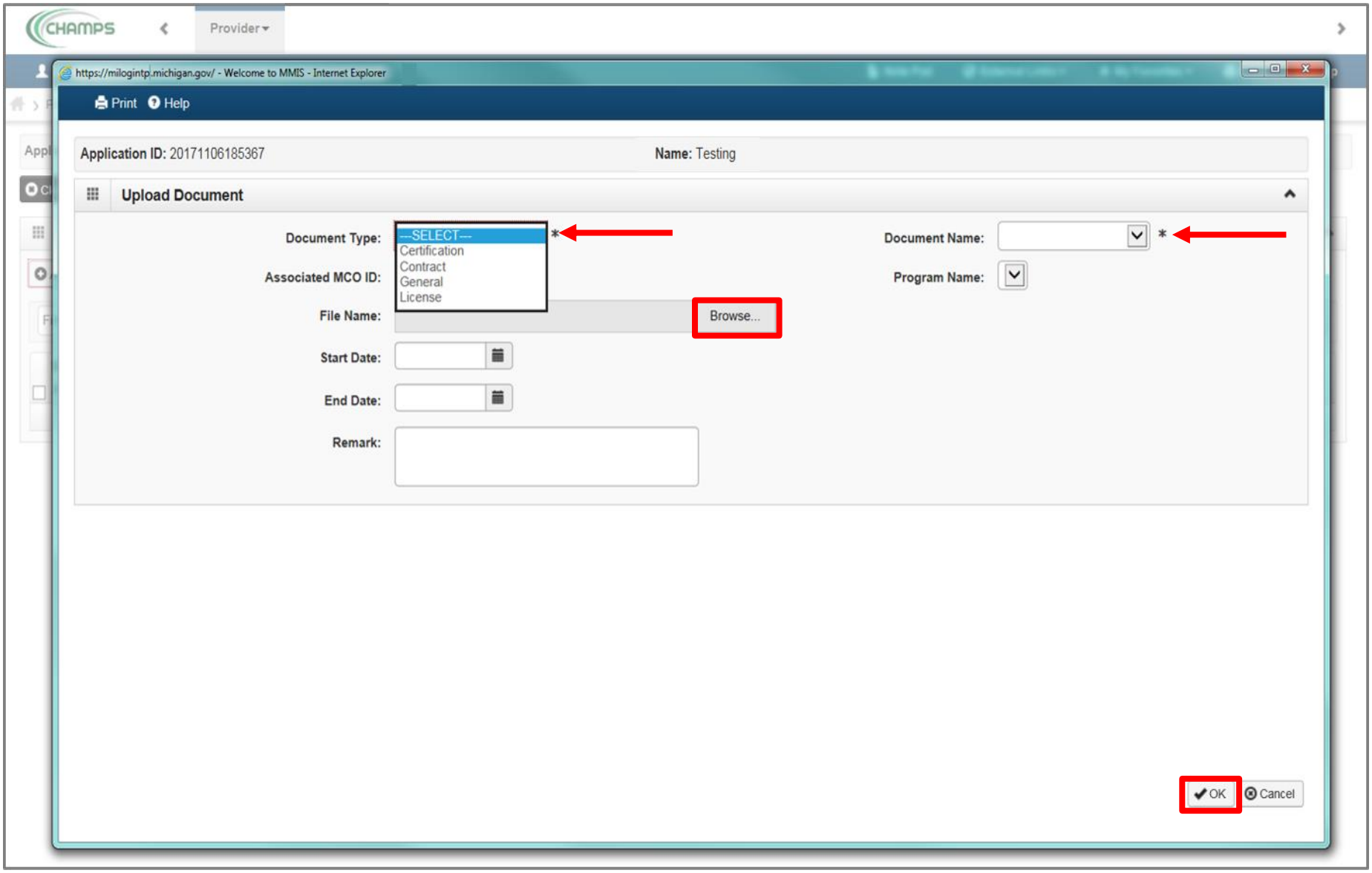
- This step will house institutional providers application fee. Only certain specialties are required to pay this fee. Providers will have the ability to pay the fee from within CHAMPS or attest they have already paid another State fee or Medicare.



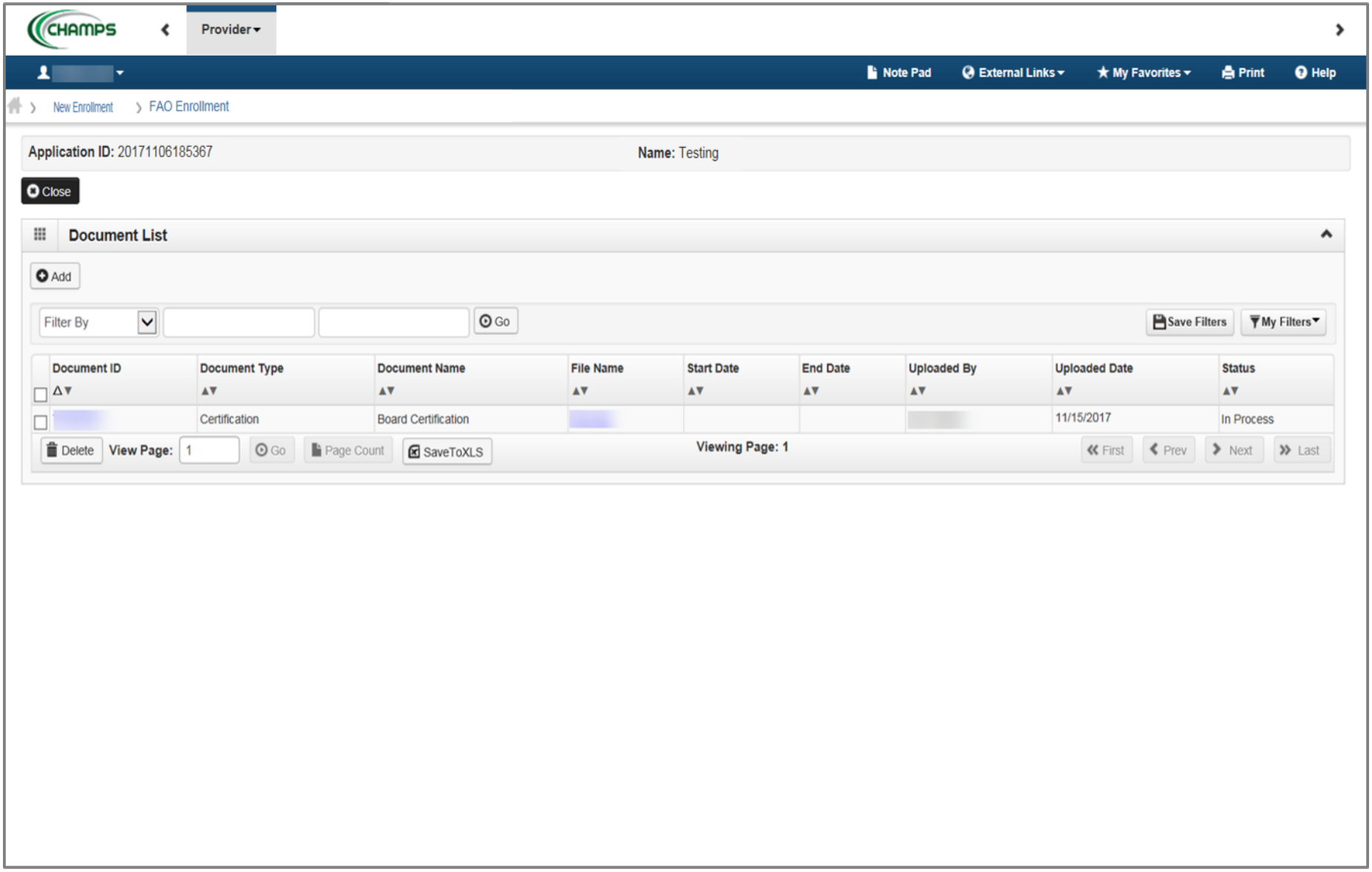
- Step 13 is complete
- Click on Step 14: Upload Documents *(Please Note: This step is optional)*



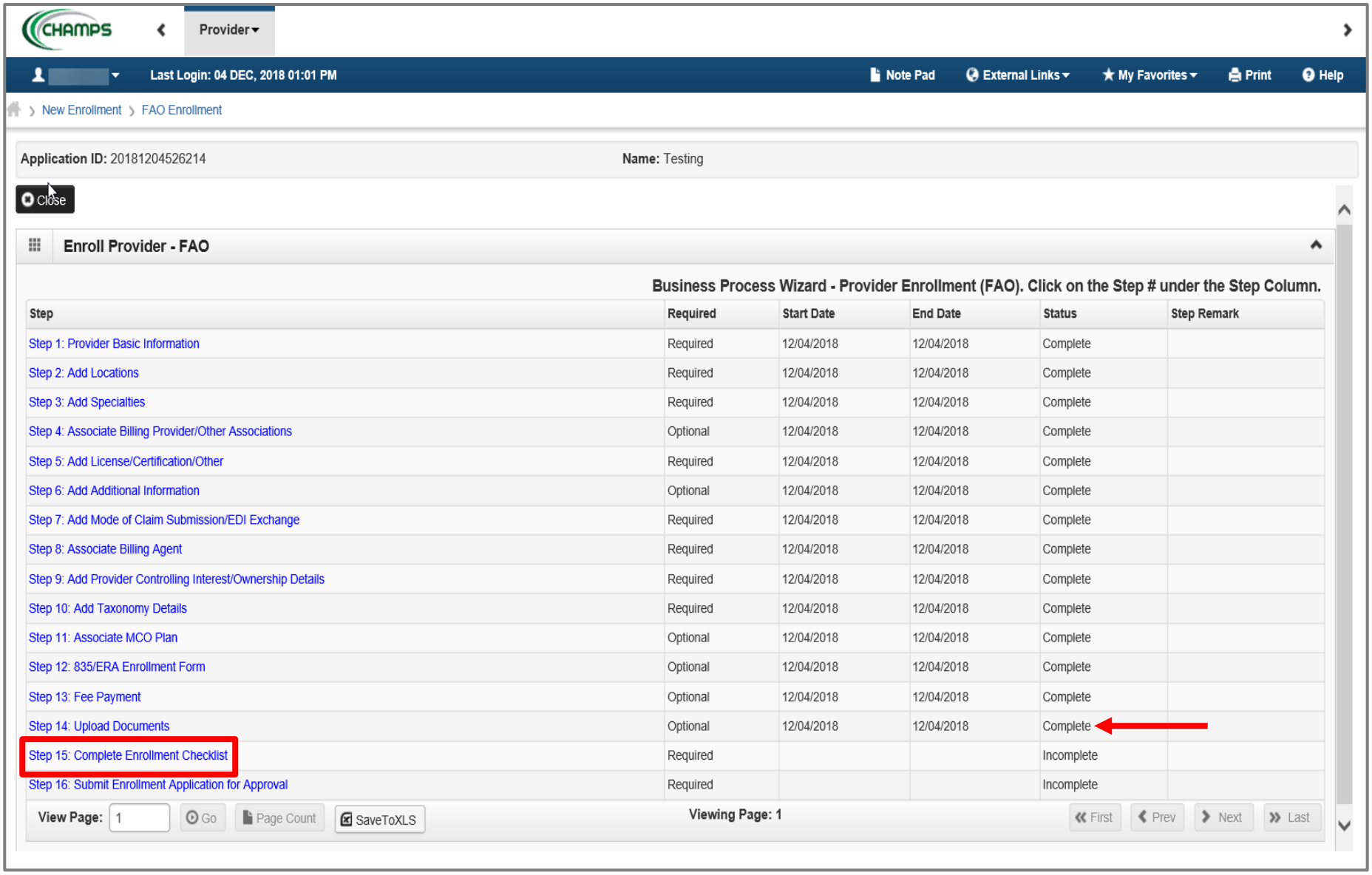
- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close



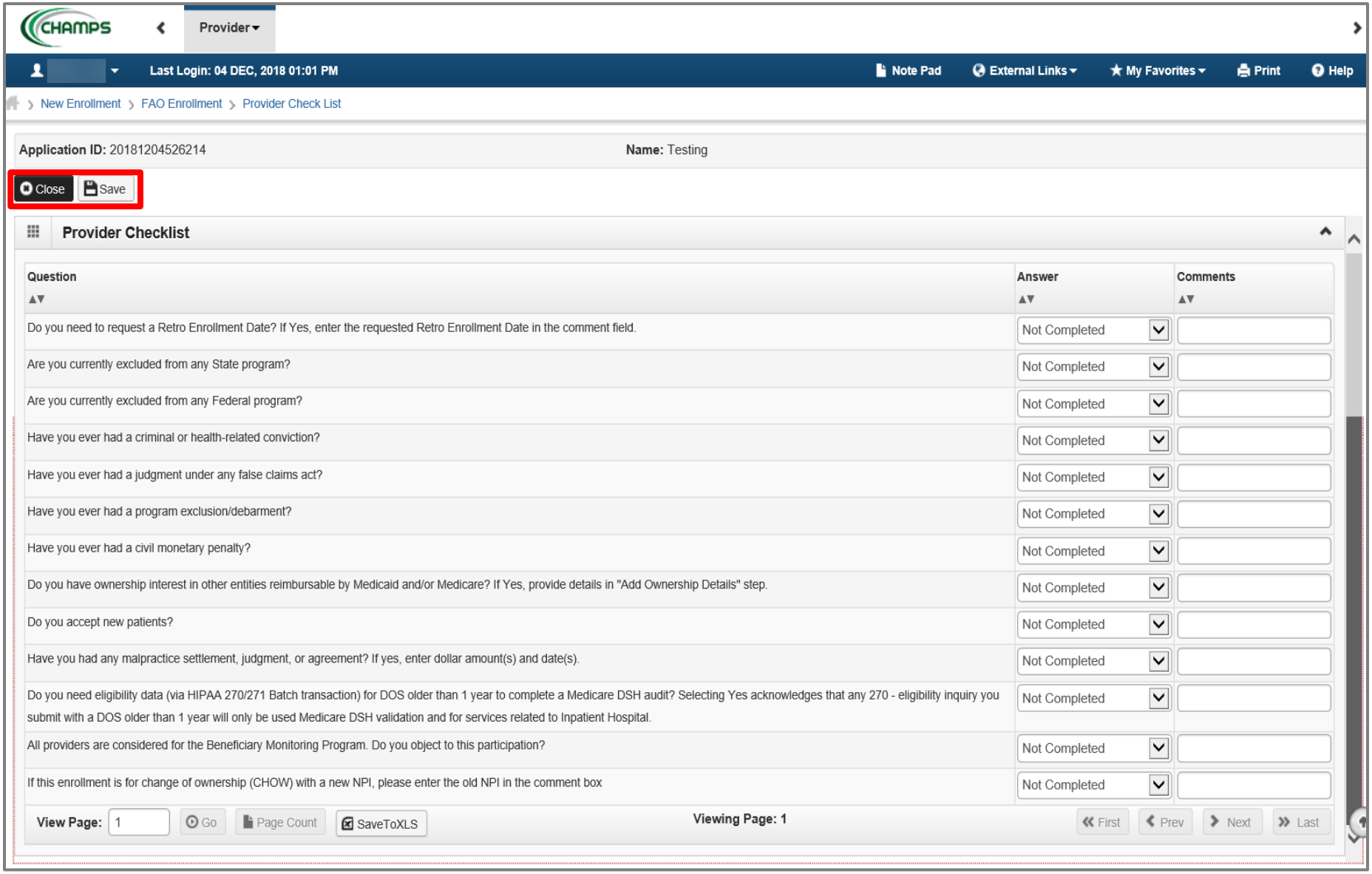
- If provider chooses to upload a document;
- Select the document type and document name
- Click Browse to find the saved document on your computer
- Enter any other additional information
- Click Ok



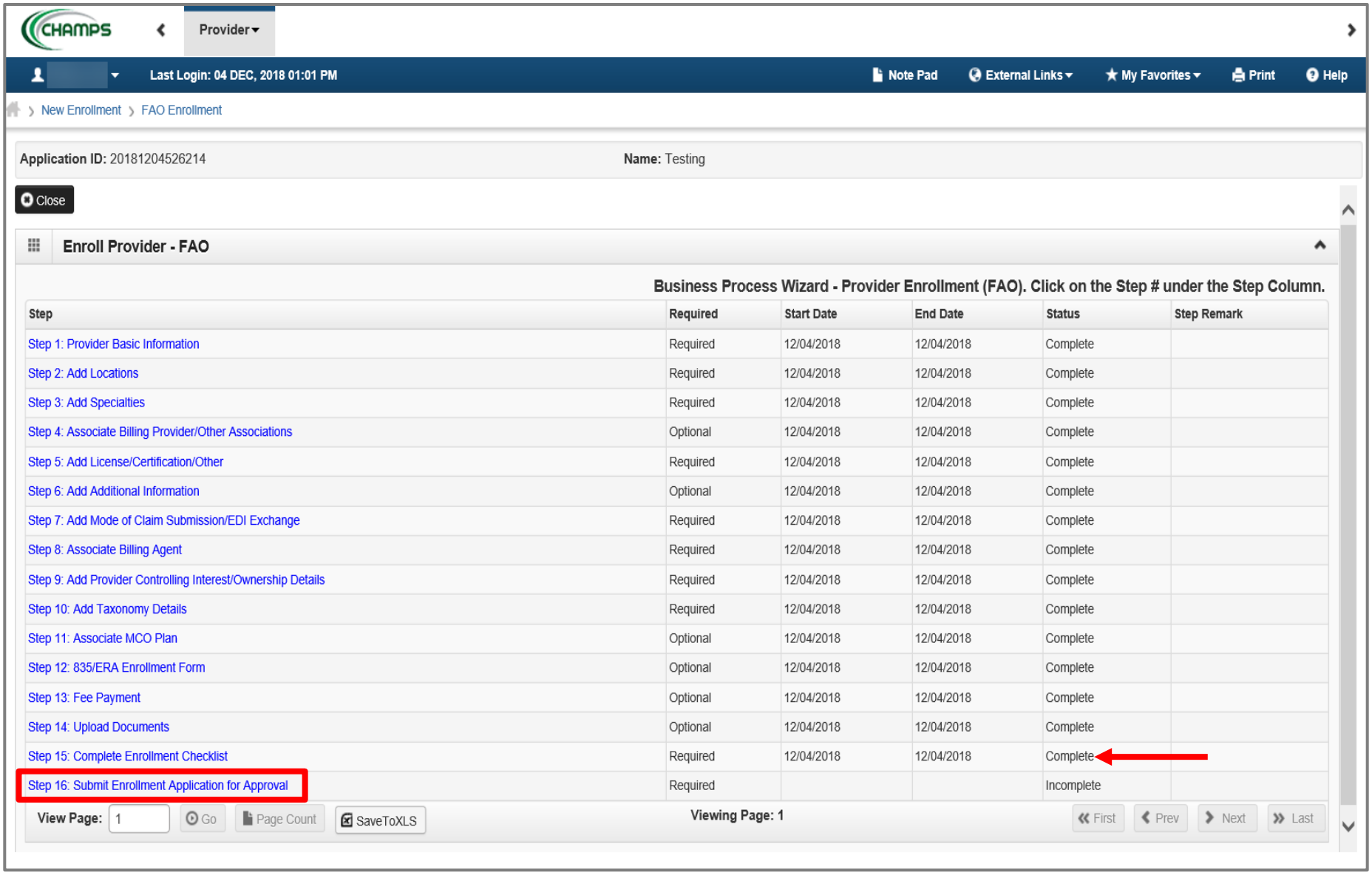
- The documentation has been added
- To return to the enrollment steps, click Close



- Step 14 is complete
- Click on Step 15: Complete Enrollment Checklist



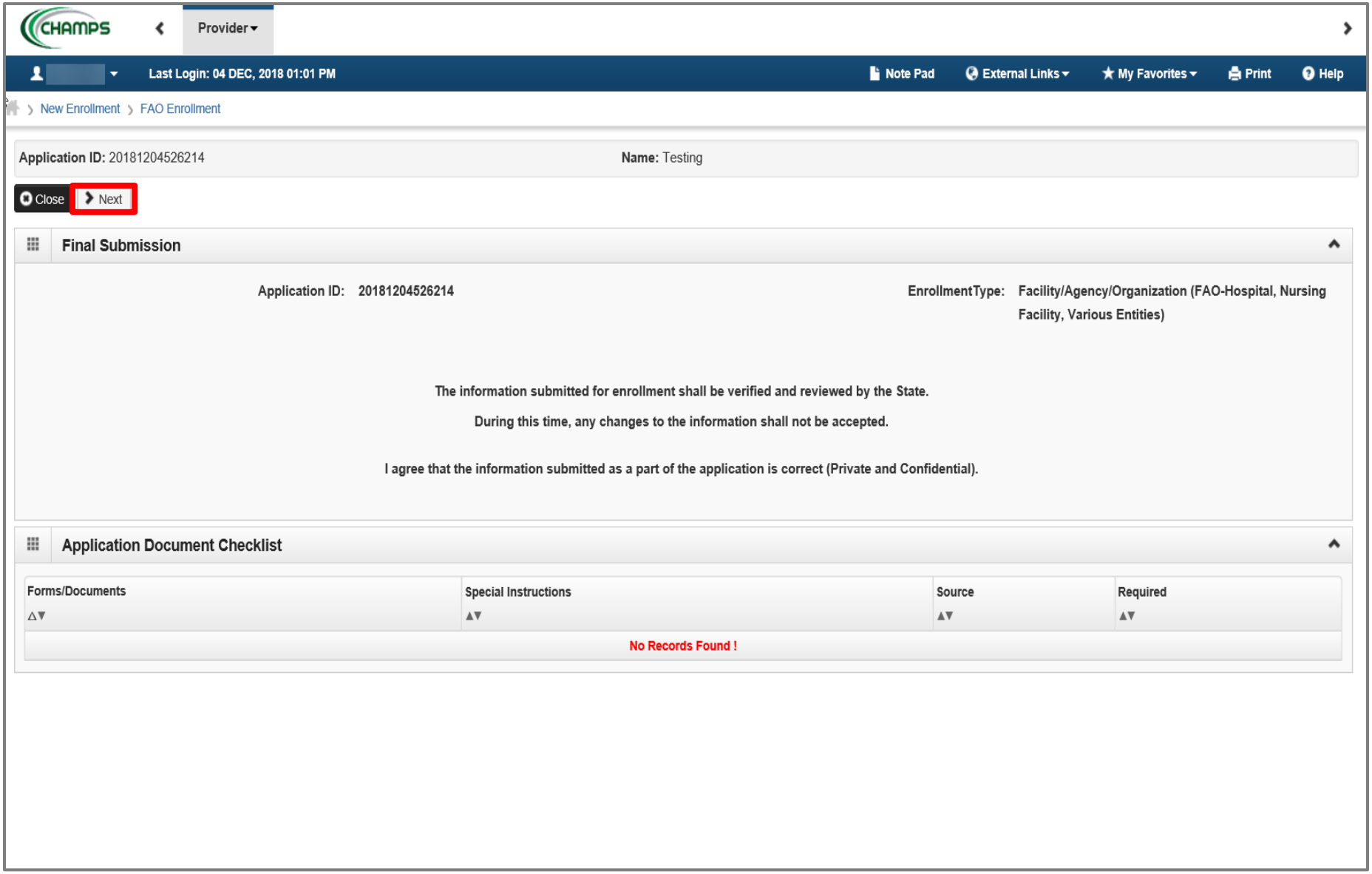
- Answer the questions in the Provider Checklist as appropriate
- Add Comments when necessary
- Click Save
- Click Close



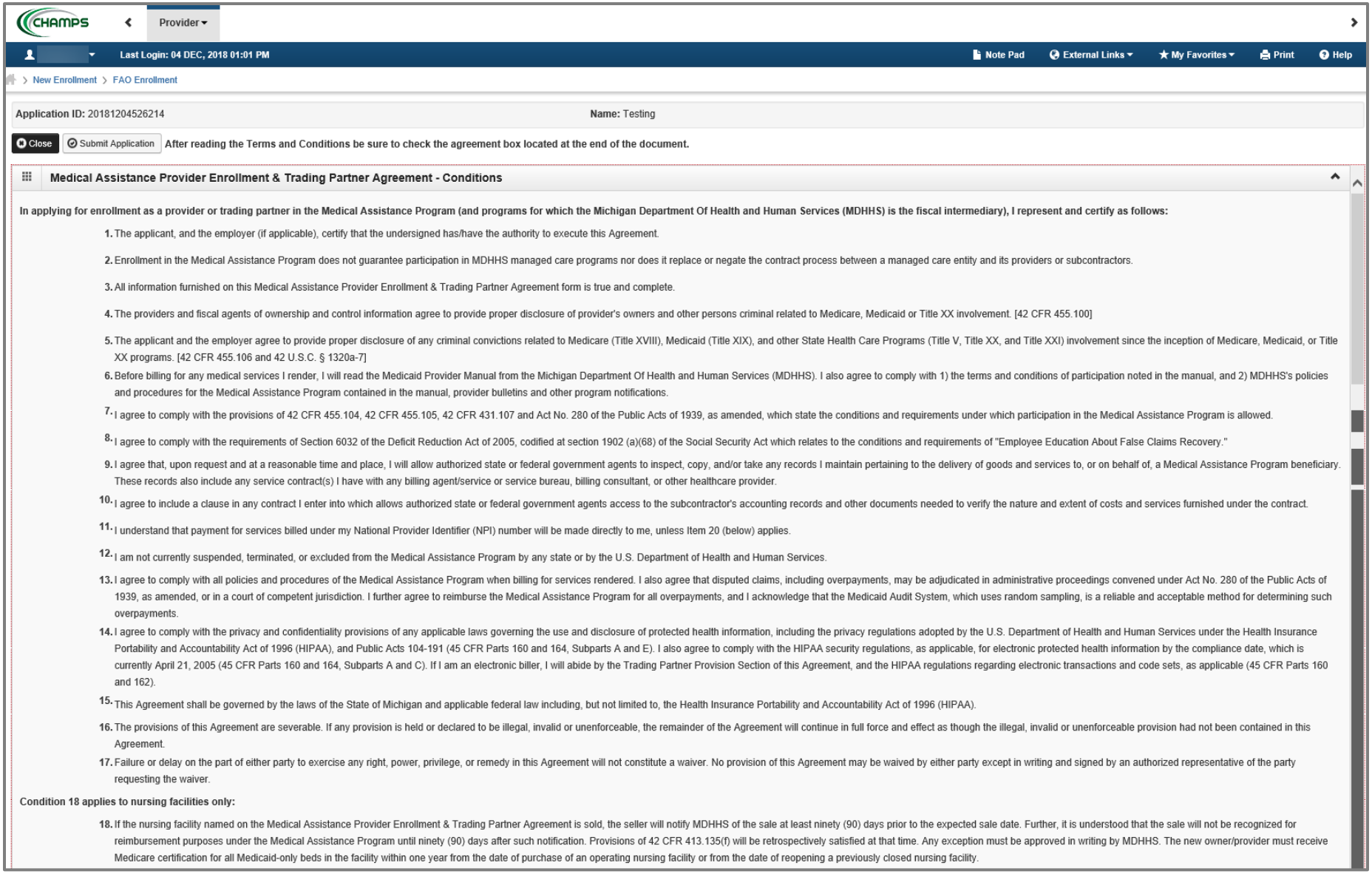
- Step 15 is complete
- Click on Step 16: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 16 to submit your application



- Final Submission: Click Next



- Read through the entire list of Terms and Conditions

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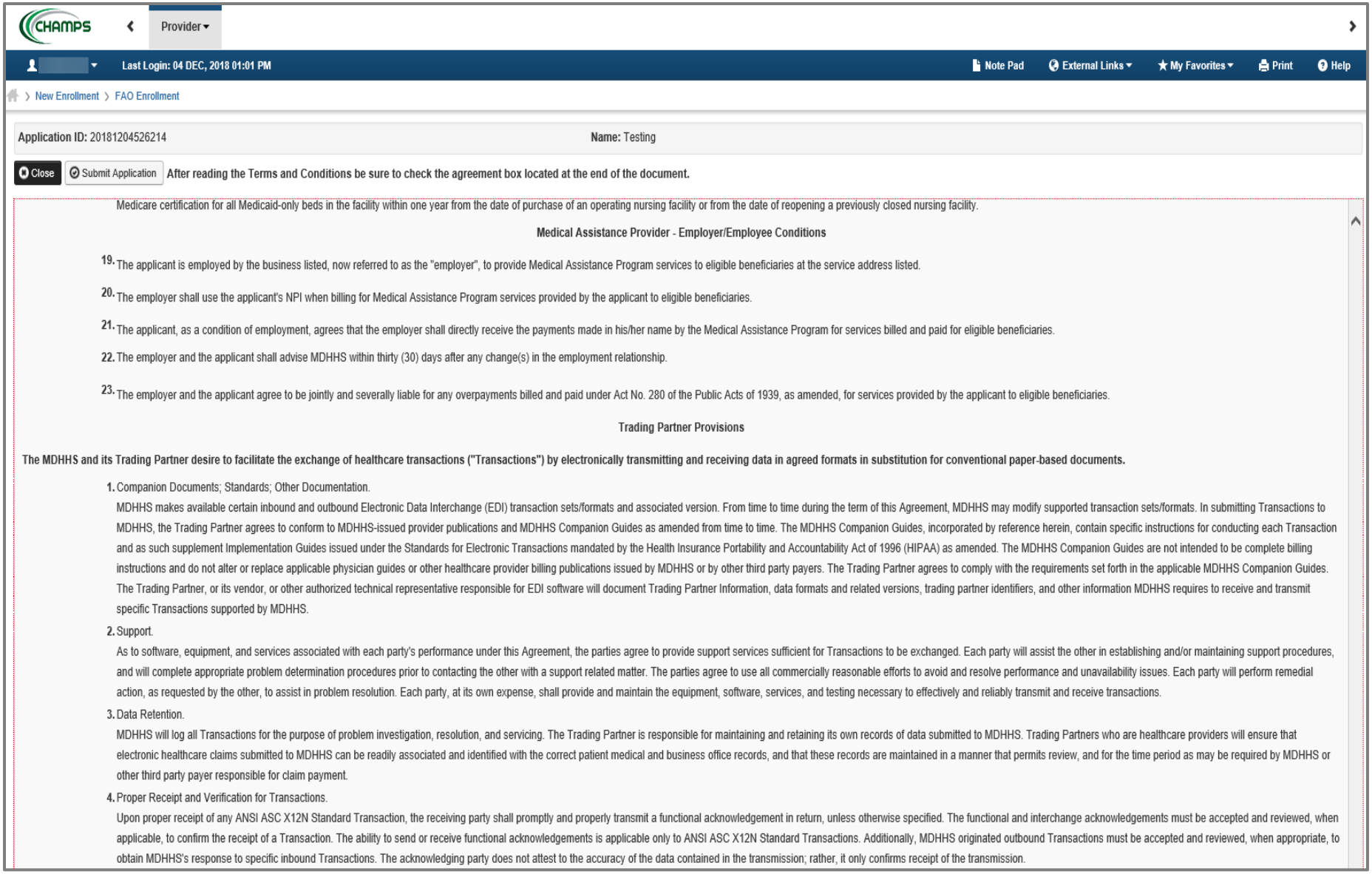

- Continue to read through the entire list of Terms and Conditions

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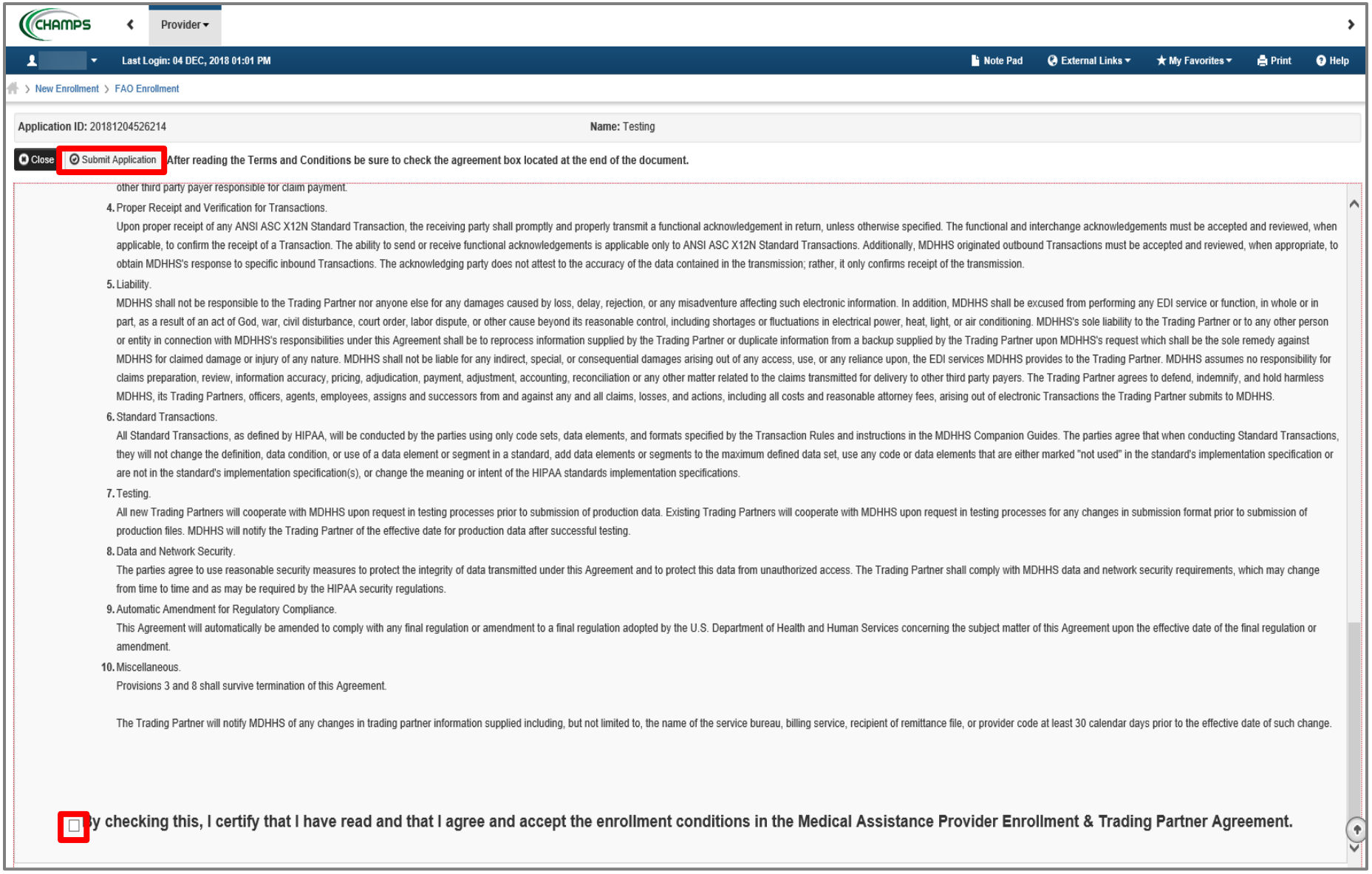

- Check the box at the end to agree to the Terms and Conditions
- Click Submit Application

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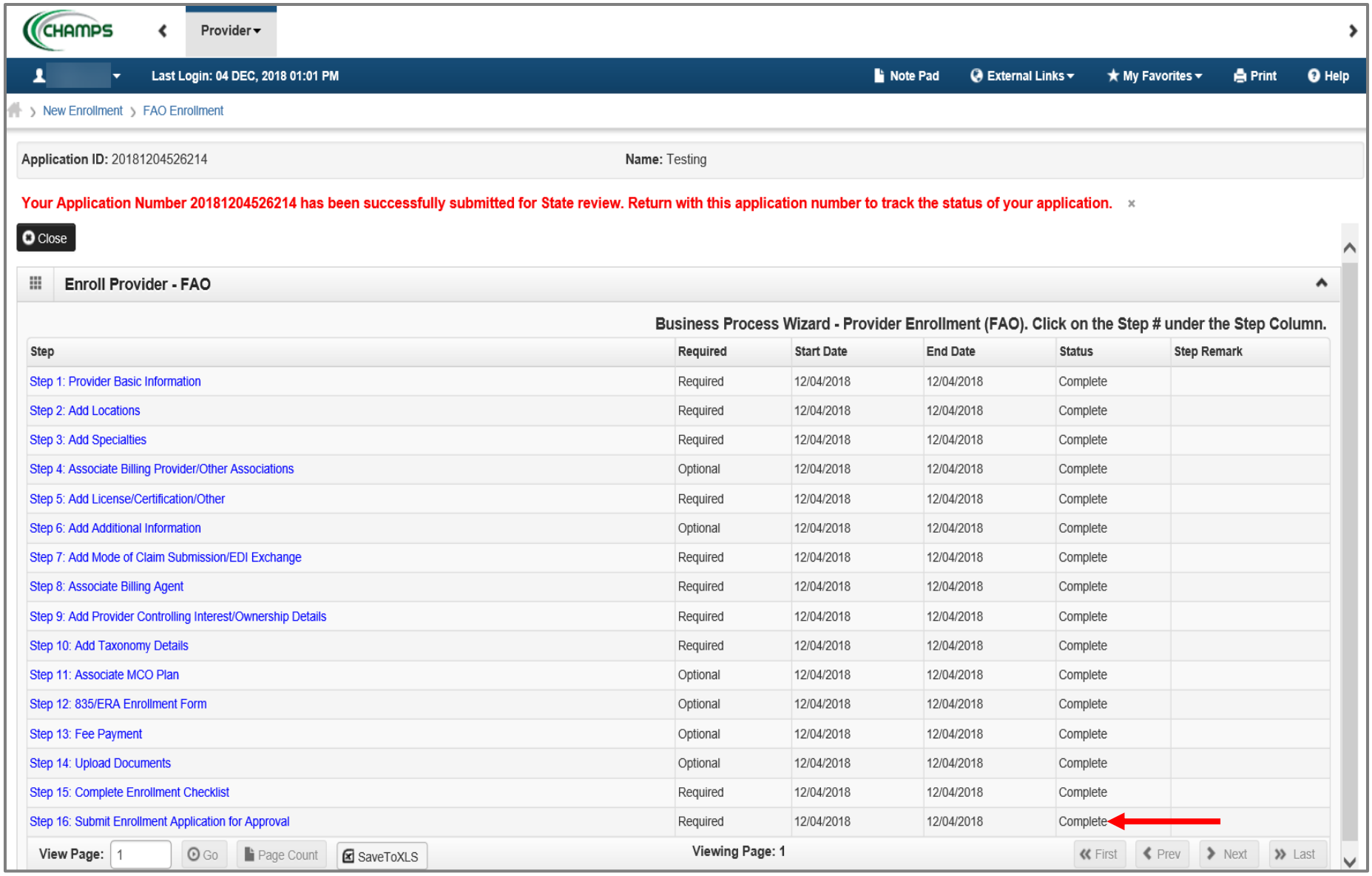
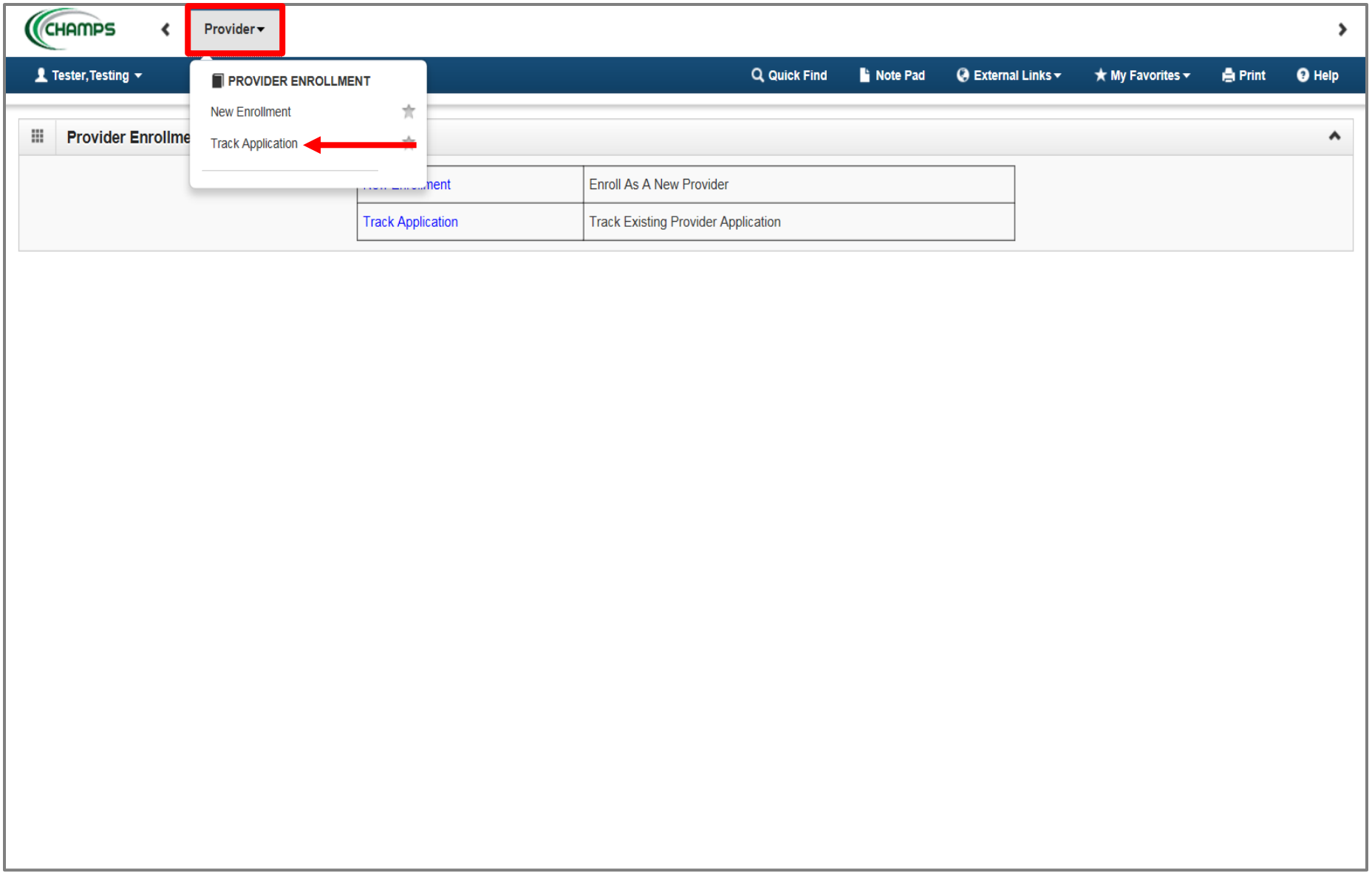


- Step 16 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Track Existing Application

How to track a submitted application within CHAMPS



- Select Provider tab
- Click Track Application

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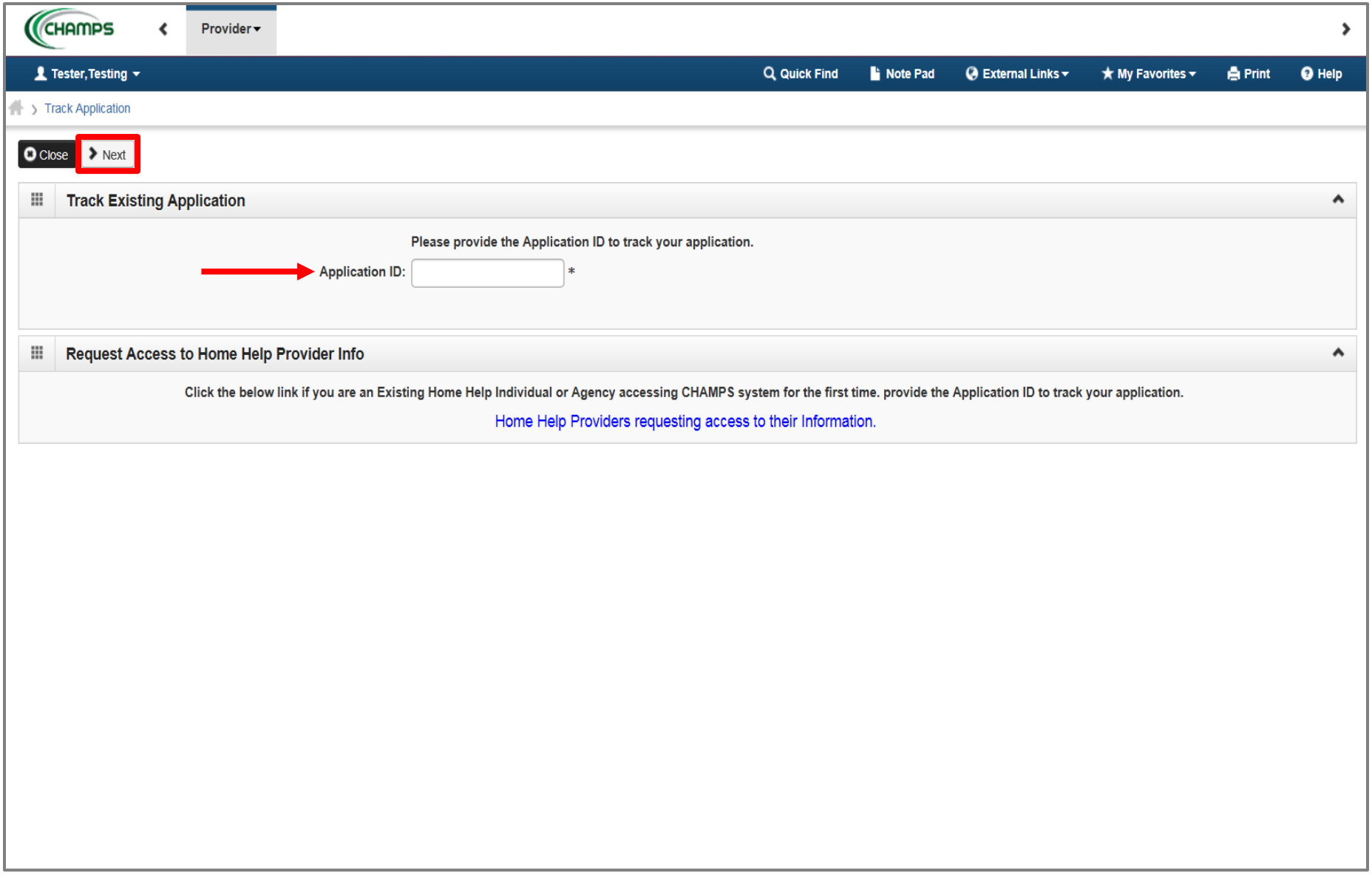

- Fill in Application ID
- Click Next

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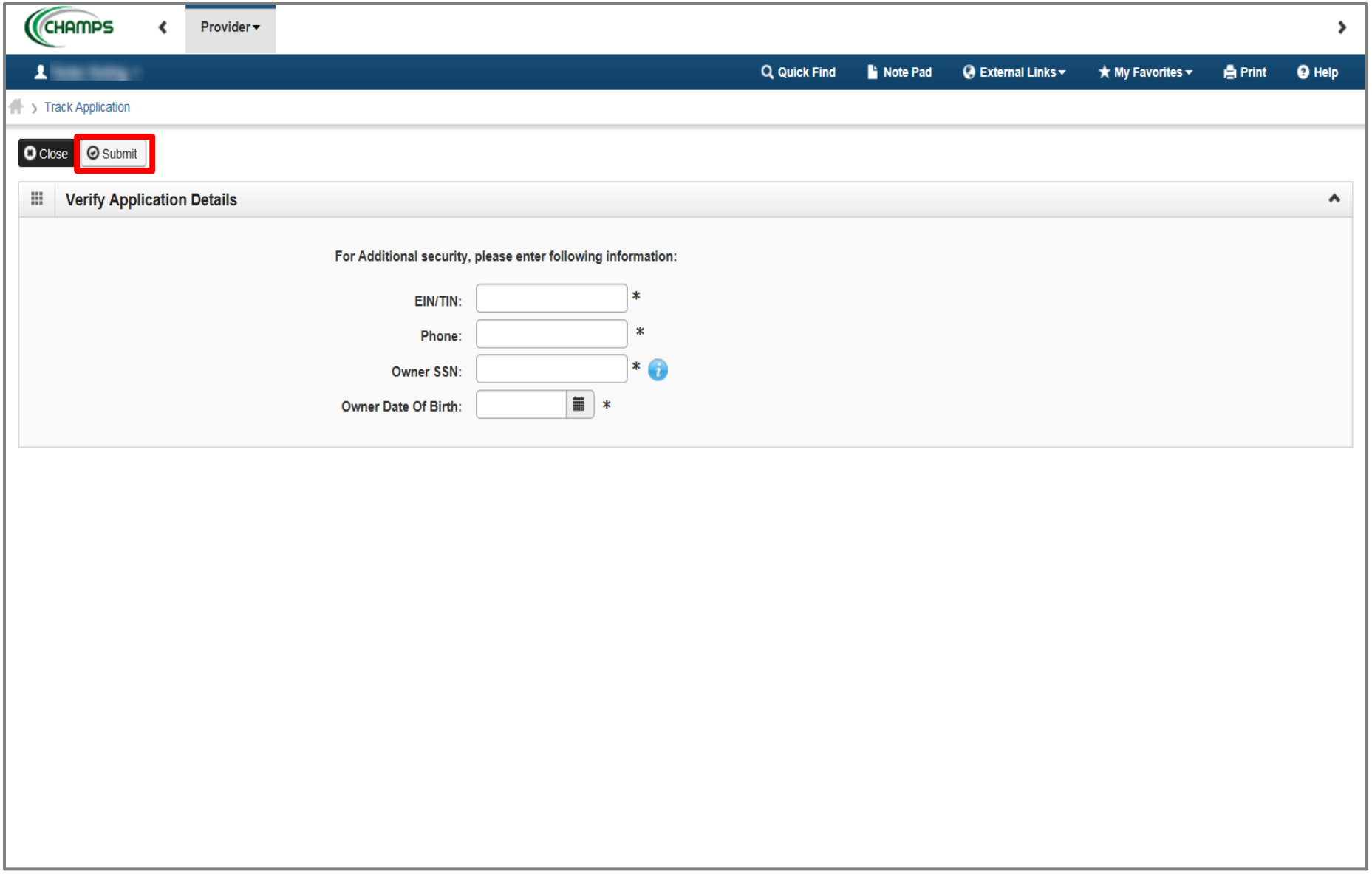

- Complete all fields marked with an asterisk (*)
- Click Submit

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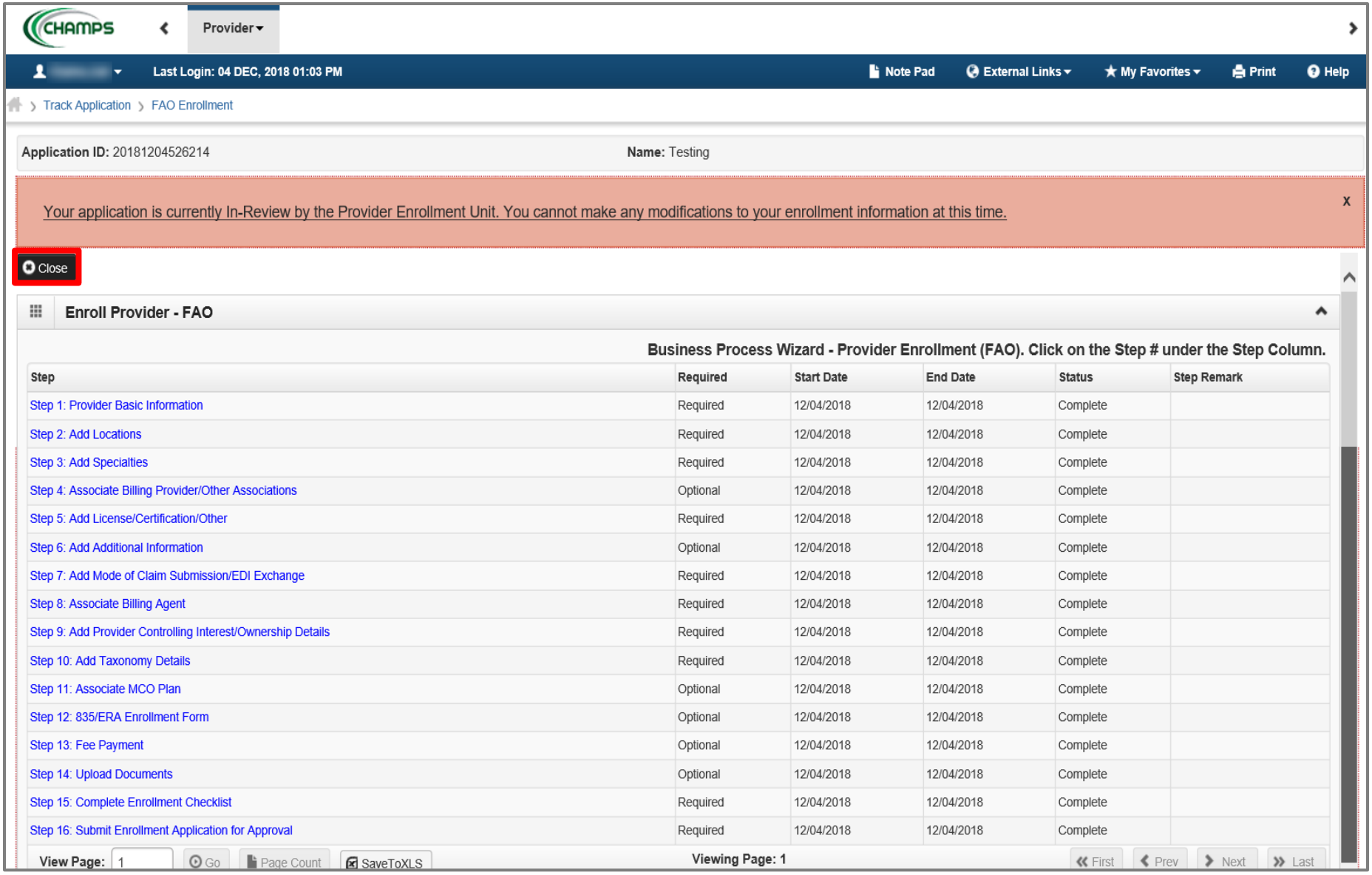

- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state
- Click Close

Provider Enrollment Final Steps

- Please allow the State time to review the Provider Enrollment Application.
- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.
  - Letter is sent to the Correspondence address provided in the Provider Enrollment Application.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions
- **SIGMA:**
  - New Providers must register with SIGMA
  - Please visit: Michigan.gov/SIGMAVSS
- **Provider Enrollment:**
  - ProviderEnrollment@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

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